



U.S. Department  
of Transportation

**National Highway  
Traffic Safety  
Administration**

400 Seventh Street, S.W.  
Washington, D.C. 20590

Dear Crash Data Researchers/Users:

Thank you for choosing crash data from the National Highway Traffic Safety Administration (NHTSA) for your research or other use. The information contained in this motor vehicle crash report is collected, maintained and distributed in accordance with Public Law 89-564. In accordance with this Public Law, NHTSA is required not to release any case information until completion of quality control procedures. These procedures include a review of the case material to extract all names, licenses and registration numbers, non-coded interview material, non-research related researcher comments in the margins, non-factual data, and the production number portion of the vehicle identification number (VIN).

If you requested NHTSA to query its database files in order to identify a specific crash, then that query was made using non-personal descriptors you provided for use in our search. This motor vehicle crash may have been identified from a data search and matches the general, non-personal descriptors you provided, but we cannot confirm that this is the specific crash report you requested.

If you have any questions with regard to the above procedures, please contact the Field Operations Branch, Crash Investigation Division, National Center for Statistics and Analysis at 202-366-4820. Again, please be advised that we cannot confirm that this is the case that you have specifically requested nor can we certify the information to be correct.

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AUTO SAFETY HOTLINE  
(800) 424-9393  
Wash. D.C. Area 366-0123



## CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

PSU 03 CASE NO. 73-C TYPE OF ACCIDENT Angle -impact

### A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers.)

Vehicle #1 was headed south-east at impact. Vehicle #1 initially drove to the left lane from the right side of the trafficway (from the parking lane) and was struck about the left plane by vehicle #2. Both traveled south-east. Vehicle #1 struck/knocked down a traffic control pole at the southern median. Vehicle continued southeast and came to final rest in the parking lane of the north-bound trafficway.

### B. VEHICLE PROFILE(S)

Vehicle No.	Class of Vehicle	Year/Make/Model	Most Severe Damage Based on Vehicle Inspection		Component Failure
			Damage Plane	Severity Description	
1	sub-compact	1994 Mazda/Protege	L. plane	major	B Piller
2	largest	1977 Chev/Impala	Frontal	minor	none

DO NOT SANITIZE THIS FORM



**C. PERSON PROFILE(S)**

Vehicle No.	Person Role	Seat Position	Restraint Use	Most Severe Injury (TO BE COMPLETED BY ZONE CENTER)			
				Body Region	Injury Type	AIS	Injury Source
1	driver	L. front	lap/shoulder	chest	laceration	5	side
2	driver	L. front	none	chest	fracture	2	steering wheel
3	passenger	R. front	none	elbow	contusion	1	② instrument panel
4	passenger	L. rear	none	shoulder	contusion	1	car seat

**Body Region**

Abdomen  
 Ankle—foot  
 Arm (upper)  
 Back-thoracolumbar spine  
 Brain  
 Chest  
 Ears  
 Eye  
 Elbow  
 Face  
 Forearm  
 Head—skull  
 Heart  
 Kidneys  
 Knee  
 Leg (lower)  
 Liver  
 Lower limb(s) (whole or unknown part)  
 Mouth  
 Neck—cervical spine  
 Nose

Pelvic—hip  
 Pulmonary—lungs  
 Shoulder  
 Spleen  
 Thigh  
 Thyroid, other endocrine gland  
 Upper limb(s) (whole or unknown part)  
 Vertebrae  
 Whole body  
 Wrist—hand

**Injury Type**

Abrasion  
 Amputation  
 Avulsion  
 Burn  
 Concussion  
 Contusion  
 Crush  
 Detachment, separation  
 Dislocation

Fracture  
 Fracture and dislocation  
 Laceration  
 Other  
 Perforation, puncture  
 Rupture  
 Sprain  
 Strain  
 Total severance, transection  
 Unknown

**Abbreviated Injury Scale**

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

**DO NOT SANITIZE THIS FORM**



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

ACCIDENT COLLISION DIAGRAM

BEST AVAILABLE

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

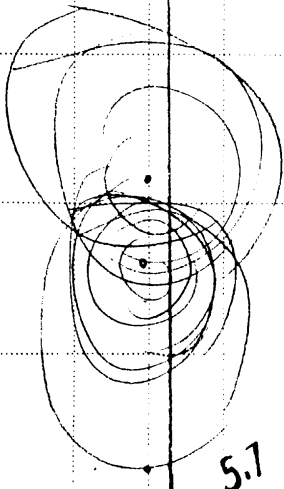
PSU No. 03

Case Number—Stratum 0 1 3C

Indicate  
North



- Roadway slope =  $0.5\% / 16m$
- Bituminous surface
- Curb Height = 16cm



5.5

5.1

8.7

11.9

3.1

6.4

11.6

5  
17X  
1.8E  
16



3.5

9.2

4.9

7.0

4.9

9.2

1.9N  
X  
1.8E

0.7

4.9

11.8

6.0

3.1

14.3

11.4

8.6

5.5

RL →



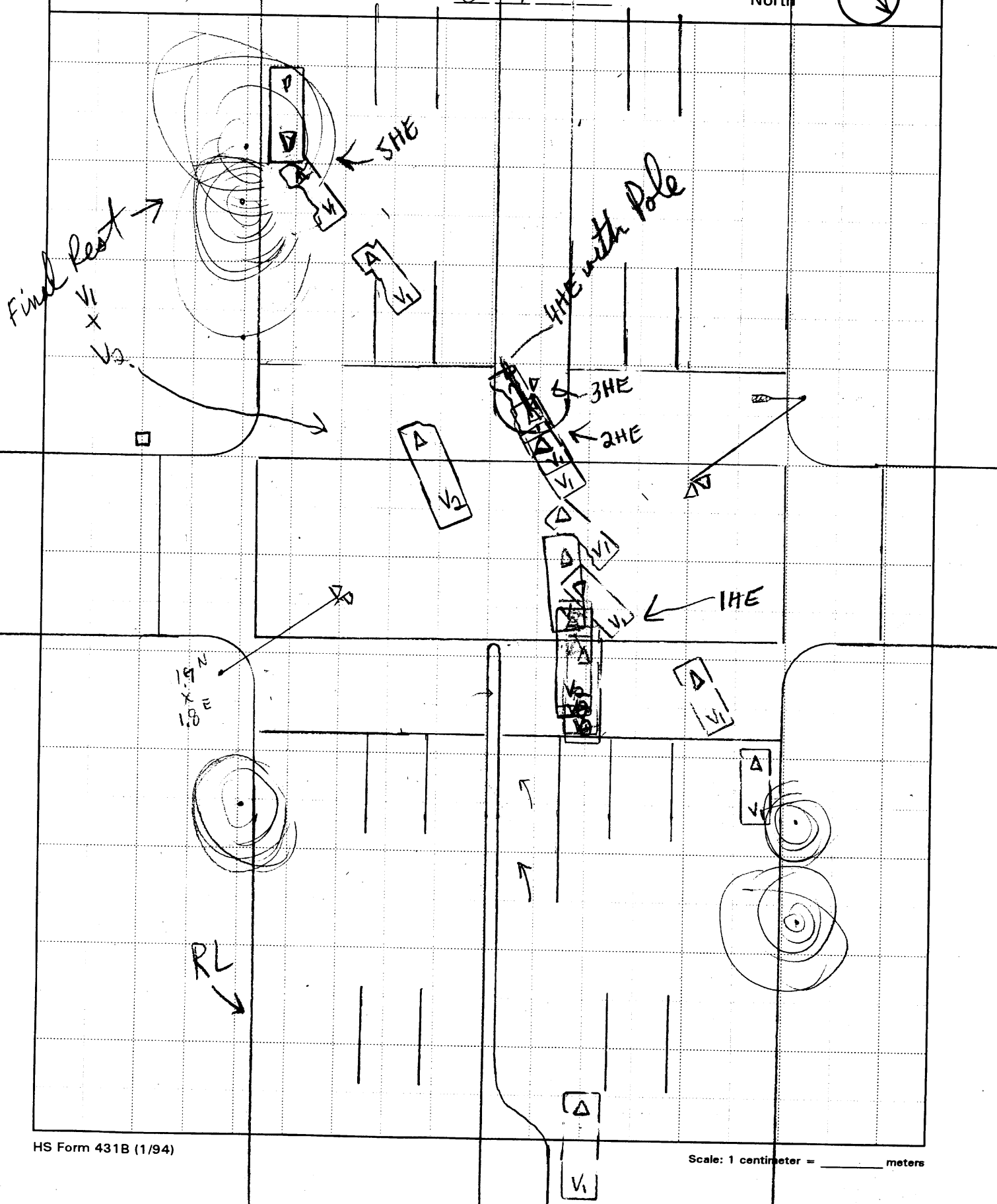
BEST AVAILABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

PSU No. 03

Case Number—Stratum 0730

Indicate North



## ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

Primary Sampling Unit Number 03

Case Number—Stratum 0 7 3 C

[illegible]

[illegible]



## ACCIDENT FORM

<p>1. Primary Sampling Unit Number <u>03</u></p> <p>2. Case Number - Stratum <u>0730</u></p> <p style="text-align: center;"><b>IDENTIFICATION</b></p> <p>3. Number of General Vehicle Forms Submitted <u>02</u></p> <p>4. Date of Accident (Month, Day, Year) <u>          </u> / <u>9</u> / <u>4</u></p> <p>5. Time of Accident <u>1250</u></p> <p style="padding-left: 40px;">Code reported military time of accident.</p> <p style="padding-left: 40px;">NOTE: Midnight = 2400 Unknown = 9999</p>	<p style="text-align: center;"><b>SPECIAL STUDIES - INDICATORS</b></p> <p>Check (✓) each special study (SS14-SS18 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.</p> <p>6. <u>    </u> SS15 Administrative Use <u>0</u></p> <p>7. <u>    </u> SS16 Pedestrian Crash Data Study <u>0</u></p> <p>8. <u>    </u> SS17 Impact Fires <u>0</u></p> <p>9. <u>    </u> SS18 <u>                                </u> <u>0</u></p> <p>10. <u>   </u> SS19 <u>                                </u> <u>0</u></p> <p style="text-align: center;"><b>NUMBER OF EVENTS</b></p> <p>11. Number of Recorded Events in This Accident <u>0503</u></p> <p style="padding-left: 40px;">Code the number of events which occurred in this accident.</p> <p style="text-align: right; font-size: small;">1st Review: <u>    </u> 2nd Review: <u>    </u></p>
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ACCIDENT EVENTS						
For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.						
Accident Event Sequence Number	Vehicle Number	Class Of Vehicle	General Area of Damage	Vehicle Number or Object Contacted	Class Of Vehicle	General Area of Damage
12. <u>01</u>	13. <u>01</u>	14. <u>01</u>	15. <u>L</u>	16. <u>02</u>	17. <u>05</u>	18. <u>F</u>
19. <u>03</u>	20. <u>01</u>	21. <u>01</u>	22. <u>F</u>	23. <u>52<sup>45</sup></u>	24. <u>00</u>	25. <u>0</u>
26. <u>05</u>	27. <u>01</u>	28. <u>01</u>	29. <u>L</u>	30. <u>71</u>	31. <u>00</u>	32. <u>0</u>
33. <u>02</u>	34. <u>01</u>	35. <u>01</u>	36. <u>F</u>	37. <u>63</u>	38. <u>00</u>	39. <u>0</u>
40. <u>04</u>	41. <u>01</u>	42. <u>01</u>	43. <u>I</u>	44. <u>45</u>	45. <u>00</u>	46. <u>0</u>
IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENT SUPPLEMENT						

## CODES FOR CLASS OF VEHICLE

- (00) Not a motor vehicle
- (01) Subcompact/mini (wheelbase < 254 cm)
- (02) Compact (wheelbase ≥ 254 but < 265 cm)
- (03) Intermediate (wheelbase ≥ 265 but < 278 cm)
- (04) Full size (wheelbase ≥ 278 but < 291 cm)
- (05) Largest (wheelbase ≥ 291 cm)
- (09) Unknown passenger car size
- (11) Compact utility vehicle
- (12) Large utility vehicle (≤ 4,500 kgs GVWR)
- (13) Passenger van (≤ 4,500 kgs GVWR)
- (14) Other van (≤ 4,500 kgs GVWR)
- (15) Pickup truck (≤ 4,500 kgs GVWR)
- (18) Other truck (≤ 4,500 kgs GVWR)
- (19) Unknown light truck type
- (20) School bus
- (21) Other bus
- (22) Truck (> 4,500 kgs GVWR)
- (23) Tractor without trailer
- (24) Tractor-trailer(s)
- (25) Motored cycle
- (28) Other vehicle
- (99) Unknown

## CODES FOR GENERAL AREA OF DAMAGE (GAD)

### CDS APPLICABLE AND OTHER VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back
- (T) Top
- (U) Undercarriage
- (9) Unknown

### TDC APPLICABLE VEHICLES

- (O) Not a motor vehicle
- (N) Noncollision
- (F) Front
- (R) Right side
- (L) Left side
- (B) Back of unit with cargo  
area (rear of trailer or  
straight truck)
- (D) Back (rear of tractor)
- (C) Rear of cab
- (V) Front of cargo area
- (T) Top
- (U) Undercarriage
- (9) Unknown

## CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED

(01-30) — Vehicle Number

### Noncollision

- (31) Overturn — rollover
- (32) Fire or explosion
- (33) Jackknife
- (34) Other intraunit damage (specify): \_\_\_\_\_

- (35) Noncollision injury
- (38) Other noncollision (specify): \_\_\_\_\_

- (39) Noncollision — details unknown

### Collision With Fixed Object

- (41) Tree (≤ 10 cm in diameter)
- (42) Tree (> 10 cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment
- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post (≤ 10 cm in diameter)
- (51) Pole or post (> 10 cm but ≤ 30 cm in diameter)
- (52) Pole or post (> 30 cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (72) Pedestrian
- (73) Cyclist or cycle
- (74) Other nonmotorist or conveyance

- (75) Vehicle occupant
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object

**OCCUPANT RELATED**

16. Driver Presence in Vehicle

- (0) Driver not present  
(1) Driver present  
(9) Unknown

17. Number of Occupants This Vehicle

- (00-96) Code actual number of occupants for this vehicle  
(97) 97 or more  
(99) Unknown

18. Number of Occupant Forms Submitted

24. Rollover

- (0) No rollover (no overturning)

*Rollover (primarily about the longitudinal axis)*

- (1) Rollover, 1 quarter turn only  
(2) Rollover, 2 quarter turns  
(3) Rollover, 3 quarter turns  
(4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover--end-over-end (i.e., primarily about the lateral axis)

- (9) Rollover (overturn), details unknown

**VEHICLE WEIGHT ITEMS**

19. Vehicle Curb Weight

Code weight to nearest  
10 kilograms.

- (045) Less than 450 kilograms  
(610) 6,100 kilograms or more  
(999) Unknown

2388 lbs X .4536 = 1083 kgs

Source: \_\_\_\_\_

20. Vehicle Cargo Weight

Code weight to nearest  
10 kilograms.

- (000) Less than 5 kilograms  
(450) 4,500 kilograms or more  
(999) Unknown

\_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

25. Front Override/Underride (this Vehicle)

26. Rear Override/Underride (this Vehicle)

- (0) No override/underride, or  
not an end-to-end impact

*Override (see specific CDC)*

- (1) 1st CDC  
(2) 2nd CDC  
(3) Other not automated CDC (specify):

*Underride (see specific CDC)*

- (4) 1st CDC  
(5) 2nd CDC  
(6) Other not automated CDC (specify):

- (7) Medium/heavy truck or bus override

- (9) Unknown

**RECONSTRUCTION DATA**

21. Towed Trailing Unit

- (0) No towed unit  
(1) Yes--towed trailing unit  
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle

- (0) No  
(1) Yes

23. Post Collision Condition of Tree or Pole (For Highest Delta V)

- (0) Not collision (for highest delta V) with tree or pole  
(1) Not damaged  
(2) Cracked/sheared  
(3) Tilted <45 degrees  
(4) Tilted ≥45 degrees  
(5) Uprooted tree  
(6) Separated pole from base  
(7) Pole replaced  
(8) Other (specify):

- (9) Unknown

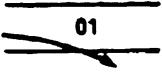


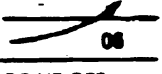
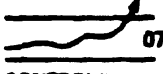
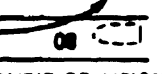
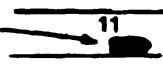

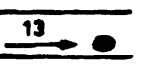
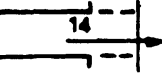
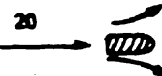
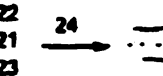
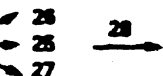
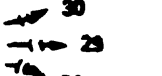
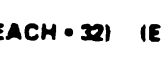



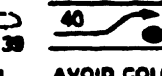

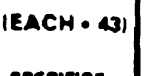
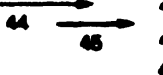

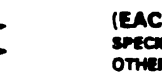

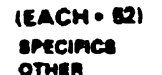





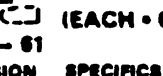
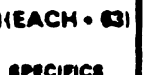




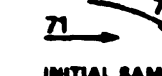
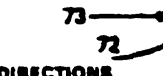





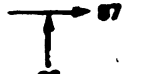

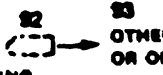
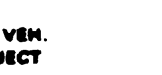
**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

Values: (000)-(359) Code actual value  
(997) Noncollision  
(998) Impact with object  
(999) Unknown

27. Heading Angle For This Vehicle

28. Heading Angle For Other Vehicle



Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 21 SLOWER 24, 25, 26, 27	 22 DECEL. 28, 29, 30, 31	 23 SPECIFICS OTHER	 24 SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 35 CONTROL/ TRACTION LOSS	 36 AVOID COLLISION WITH VEH.	 37 AVOID COLLISION WITH OBJECT	 38 SPECIFICS OTHER  39 SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 45 SPECIFICS OTHER	 46 SPECIFICS UNKNOWN	(EACH - 48) SPECIFICS OTHER	
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 SPECIFICS OTHER	 52 SPECIFICS UNKNOWN	(EACH - 53) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 55 CONTROL/ TRACTION LOSS	 56 AVOID COLLISION WITH VEH.	 57 AVOID COLLISION WITH OBJECT	 58 SPECIFICS OTHER  59 SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 SPECIFICS OTHER	 66 SPECIFICS UNKNOWN	(EACH - 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 69 INITIAL SAME DIRECTIONS	 70 SPECIFICS OTHER	 71 SPECIFICS UNKNOWN	(EACH - 74) (EACH - 75)
	K Turn Into Path	 72 TURN INTO SAME DIRECTION	 73 TURN INTO OPPOSITE DIRECTIONS	 74 SPECIFICS OTHER	 75 SPECIFICS UNKNOWN	(EACH - 84) (EACH - 85)
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 SPECIFICS OTHER	 88 SPECIFICS UNKNOWN	(EACH - 89) SPECIFICS UNKNOWN		(EACH - 90) SPECIFICS UNKNOWN
VI Miscellaneous	M Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	96 Other Accident Type 99 Unknown Accident Type 00 No Impact		

**OTHER DATA**

## 56. Driver's Zip Code

- (00000) Driver not present  
(00001) Driver not a resident of U.S. or territories  
Code actual 5-digit zip code  
(99999) Unknown

## 57. Driver's Race/Ethnic Origin

- (0) Driver not present  
(1) White (non-Hispanic)  
(2) Black (non-Hispanic)  
(3) White (Hispanic)  
(4) Black (Hispanic)  
(5) American Indian, Eskimo or Aleut  
(6) Asian or Pacific Islander  
(8) Other (specify):  
(9) Unknown

## 58. Vehicle Special Use (This Trip)

- (0) No special use  
(1) Taxi  
(2) Vehicle used as school bus  
(3) Vehicle used as other bus  
(4) Military  
(5) Police  
(6) Ambulance  
(7) Fire truck or car  
(8) Other (specify):  
(9) Unknown

**ROLLOVER DATA**

If GV07 (Body Type)  $\neq$  1-49, leave GV59-GV63 blank.  
If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
If GV24 = 9, then GV59-GV63 must equal 9.

## 59. Rollover Initiation Type

- (0) No rollover  
(1) Trip-over  
(2) Flip-over  
(3) Turn-over  
(4) Climb-over  
(5) Fall-over  
(6) Bounce-over  
(7) Collision with another vehicle  
(8) Other rollover initiation type specify:  
(9) Unknown rollover initiation type

## 60. Location of Rollover Initiation

- (0) No rollover  
(1) On roadway  
(2) On shoulder—paved  
(3) On shoulder—unpaved  
(4) On roadside or divided trafficway median  
(9) Unknown

## 61. Rollover Initiation Object Contacted

## 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover  
(1) Wheels/tires  
(2) Side plane  
(3) End plane  
(4) Undercarriage  
(5) Other location on vehicle (specify):  
(8) Non-contact rollover forces (specify):  
(9) Unknown

## 63. Direction of Initial Roll

- (0) No rollover  
(1) Roll right - primarily about the longitudinal axis  
(2) Roll left - primarily about the longitudinal axis  
(5) End-over-end (i.e., primarily about the lateral axis)  
(9) Unknown roll direction

**PRECRASH DATA**

## 64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight  
(02) Slowing or stopping in traffic lane  
(03) Starting in traffic lane  
(04) Stopped in traffic lane  
(05) Passing or overtaking another vehicle  
(06) Disabled or parked in travel lane  
(07) Leaving a parking position  
(08) Entering a parking position  
(09) Turning right  
(10) Turning left  
(11) Making a U-turn  
(12) Backing up (other than for parking position)  
(13) Negotiating a curve  
(14) Changing lanes  
(15) Merging  
(16) Successful avoidance maneuver to a previous critical event  
(97) Other (specify):  
(98) No driver present  
(99) Unknown

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

- (00) No rollover
- (01-30) — Vehicle Number

### Noncollision

- (31) Turn-over — fall-over
- (33) Jackknife

### Collision With Fixed Object

- (41) Tree ( $\leq 10$  cm in diameter)
- (42) Tree ( $> 10$  cm in diameter)
- (43) Shrubbery or bush
- (44) Embankment

- (45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

- (50) Pole or post ( $\leq 10$  cm in diameter)
- (51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)
- (52) Pole or post ( $> 30$  cm in diameter)
- (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
- (55) Impact attenuator
- (56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

- (57) Fence
- (58) Wall
- (59) Building
- (60) Ditch or culvert
- (61) Ground
- (62) Fire hydrant
- (63) Curb
- (64) Bridge
- (68) Other fixed object (specify): \_\_\_\_\_

- (69) Unknown fixed object \_\_\_\_\_

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport
- (76) Animal
- (77) Train
- (78) Trailer, disconnected in transport
- (79) Object fell from vehicle in-transport
- (88) Other nonfixed object (specify): \_\_\_\_\_

- (89) Unknown nonfixed object \_\_\_\_\_

- (98) Other event (specify): \_\_\_\_\_

- (99) Unknown event or object \_\_\_\_\_



U.S. Department of Transportation

BEST AVAILABLE

National Highway Traffic Safety  
Administration

## EXTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

3. Vehicle Number

01

2. Case Number - Stratum

073C

## VEHICLE IDENTIFICATION

VIN J M I B G 2 2 4 6 R 0Model Year 94Vehicle Make (specify): MAZDAVehicle Model (specify): PROTEGE DX

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
<u>1</u>	<u>270cm MIDDLE LEFT</u>	<u>340cm LEFT PLANE</u>
<u>2</u>	<u>RIGHT FRONT WHEEL</u>	<u>RIGHT FRONT WHEEL</u>
<u>3</u>	<u>50cm RIGHT FRONT</u>	<u>144 cm END TO END</u>
<u>4</u>	<u>TOP AND RIGHT REAR CORNER</u>	<u>TOP AND RIGHT REAR CORNER</u>
<u>5</u>	<u>RIGHT FRONT CORNER</u>	<u>RIGHT FRONT CORNER</u>

## CRUSH PROFILE IN CENTIMETERS

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

Administration		CRASHWORTHINESS DATA SYSTEM	
1. Primary Sampling Unit Number	03	3. Vehicle Number	01
2. Case Number - Stratum	0730		

## VEHICLE IDENTIFICATION

VIN JM1BG2246R [REDACTED] Model Year 94  
Vehicle Make (specify): Mazda Vehicle Model (specify): Protege DX

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
<del>1</del>	<del>270 middle left</del>	<del>340 left Plane</del>
<del>2</del>	<del>50 cm (R) Front</del>	<del>144 End to End</del>
<del>3</del>	<del>(R) Top (R) Trunk</del>	<del>1</del>

### CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
1	① Plane FS	270	40	340	6.5	2.5	24	40	18	00	
1	ady "C"		36.0		00	2.5	20.0	36	14.0	00	-123
2	RF WHEEL										
3	② Front Bumper FS	50	21	144	14	05	0	0	10	21	
3	ady "C"				00	00	00	00	95	7	+45
4	TO D										
5	Front Bumper FS										
5	ady "C"										

no damage pattern of contact to parked car found at the Front Bumper of this vehicle.

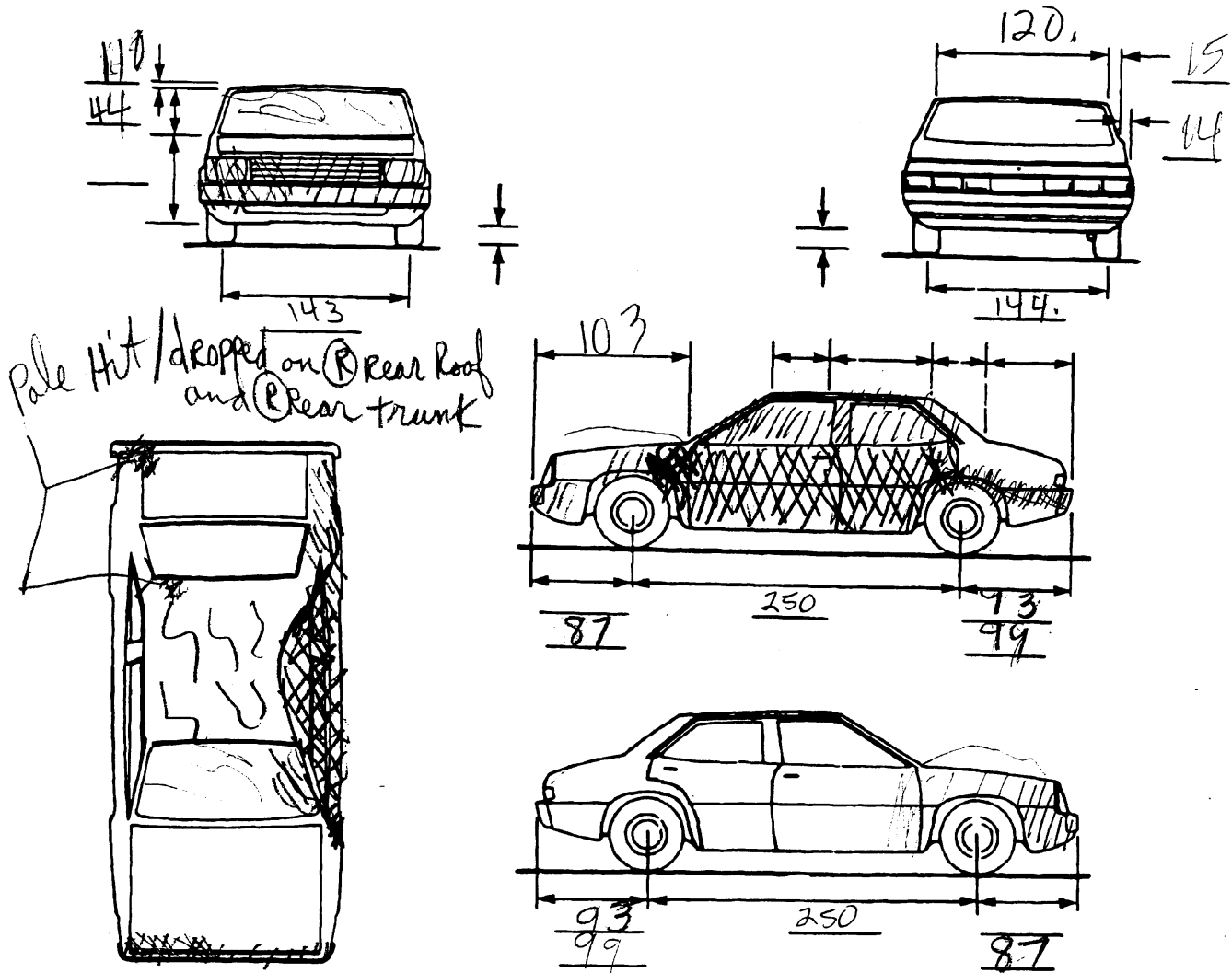
# ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>  98.4  </u>	inches x 2.54 =	<u> 249.9 </u> cm
Overall Length	<u> 171.5 </u>	inches x 2.54 =	<u> 435.6 </u> cm
Maximum Width	<u> 65.9 </u>	inches x 2.54 =	<u> 167 </u> cm
Curb Weight	<u> 2,388 </u>	pounds x .4536 =	<u> 1,083 </u> kg
Average Track	<u> 56.4 </u>	inches x 2.54 =	<u> 143. </u> cm
Front Overhang	<u>    .  </u>	inches x 2.54 =	<u>    .  </u> cm
Rear Overhang	<u>    .  </u>	inches x 2.54 =	<u>    .  </u> cm
Undeformed End Width	<u>    .  </u>	inches x 2.54 =	<u> 152. </u> cm
Engine Size: cyl./displ.	<u> 4  1.8 </u>	cc x .001 =	<u> 1.8 </u> L
	<u>    .  </u>	CID x .0164 =	<u>    .  </u> L

## VEHICLE DAMAGE SKETCH

<b>TIRE—WHEEL DAMAGE</b> a. Rotation physically restricted      b. Tire deflated RF <u>2</u> RF <u>1</u> LF <u>2</u> LF <u>2</u> RR <u>2</u> RR <u>2</u> LR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>250.</u> cm Overall Length <u>436.</u> cm Maximum Width <u>167</u> cm Curb Weight <u>1083</u> kg Average Track <u>143</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width <u>152</u> cm Engine Size: cyl./displ. <u>14 · 1.8</u> L		<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
<b>TYPE OF TRANSMISSION</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		<b>DRIVE WHEELS</b> <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>000</u> kg		

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

**CODES FOR OBJECT CONTACTED**

(57) Fence

(58) Wall

- (59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

### Collision with Nonfixed Object

- (71) Motor vehicle not in-transport  
(72) Pedestrian  
(73) Cyclist or cycle  
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

**(76) Animal**

- (77) Train  
(78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

- (98) Other event (specify):

(99) Unknown event or object

[illegible]



## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>02</u>	6. <u>08</u>	7. <u>L</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>04</u>

NEED CODING CHANGE

1st Review: 10

2nd Review: \_\_\_\_\_

## Second Highest Delta "V"

12. <u>02</u> <sup>03</sup>	13. <u>52</u> <sup>45</sup>	14. <u>12</u>	15. <u>F</u>	16. <u>R</u>	17. <u>E</u>	18. <u>W</u>	19. <u>01</u>
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## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. L	21. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	22. ±D
<u>340</u>	<u>000</u>	<u>003</u>	<u>020</u>	<u>036</u>	<u>014</u>	<u>000</u>	<u>0123</u>

## Second Highest Delta "V"

23. L	24. C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	25. ±D
<u>152</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>000</u>	<u>010</u>	<u>007</u>	<u>0045</u>

26. Are CDCs Documented but Not Coded on The Automated File?  
(0) No  
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

1

28. Original Wheelbase  
Code to the nearest centimeter  
(999) Unknown

250

98.4 inches X 2.54 = 249.9 centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified <u>0</u></p> <p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p> <p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____</p> <p>(9) Unknown</p> <p>32. Type of Fuel Tank-1 <u>1</u></p> <p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	<p>34. Fuel Tank-1 Location <u>4</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____</p> <p>(9) Unknown</p> <p>36. Fuel Tank-1 Filler Cap Location <u>2</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____</p> <p>(9) Unknown</p> <p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____</p> <p>(9) Unknown</p>
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<p>40. Location of Fuel System-1 Leakage <span style="float: right;"><u>1</u></span></p> <p>41. Location of Fuel System-2 Leakage <span style="float: right;"><u>0</u></span></p> <p>(0) No fuel tank (1) No fuel leakage</p> <p><i>Primary Area Of Leakage</i></p> <p>(2) Tank (3) Filler neck (4) Cap (5) Lines/pump/filter (6) Vent/emission recovery (8) Other (specify): _____</p> <p>(9) Unknown _____</p> <p>42. Fuel Type-1 <span style="float: right;"><u>0</u> <u>1</u></span></p> <p>43. Fuel Type-2 <span style="float: right;"><u>0</u> <u>1</u></span></p> <p><i>Single Fuel Type</i></p> <p>(00) No fuel tank (01) Gasoline (02) Diesel (03) CNG (Compressed Natural Gas) (04) LPG (Liquid Petroleum Gas) also known as Propane (05) LNG (Liquid Natural Gas) (06) Methanol (M100 or M85) (07) Ethanol (E100 or E85) (08) Other (Hydrogen or others) (specify): _____</p> <p>_____</p> <p><i>Electric Powered or Electric/Solar Powered Vehicles</i></p> <p>(10) Lead Acid Battery (11) Nickel-Iron Battery (12) Nickel-Cadmium Battery (13) Sodium Metal Chloride Battery (14) Sodium Sulfur Battery (18) Other (Specify): _____</p> <p>(98) Other Hybrid (specify): _____</p> <p>_____</p> <p>(99) Unknown fuel type</p>	<p>44. Is This Vehicle Equipped With More Than Two Fuel Tanks? <span style="float: right;"><u>0</u></span></p> <p>(0) No (one or two tanks only)</p> <p><i>Yes - More Than Two Tanks</i></p> <p>(1) Yes -- <u>no damage</u> to any tank or filler cap and <u>no fuel system leakage</u></p> <p>(2) Yes -- <u>no damage</u> to any tank or filler cap but <u>there is fuel system leakage</u> (specify leakage location): _____</p> <p>(3) Yes -- <u>damage</u> to an additional tank or filler cap and <u>there is fuel system leakage</u> (specify the following):          Type of tank _____          Tank location _____          Filler cap location _____          Tank damage _____          Location of leakage _____          Type of fuel _____</p> <p>(9) Unknown if more than two tanks</p> <div style="text-align: center; border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>COMMENTS</b> </div> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>
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\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS \*\*\*  
 (I.E., GV09 = 0 OR 9 AND GV36 = 0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



## INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number 03

2. Case Number - Stratum 0730

3. Vehicle Number 01

### INTEGRITY

4. Passenger Compartment Integrity 28

(00) No integrity loss 06

Yes, Integrity Was Lost Through

- (01) Windshield  
(02) Door (side) ←  
(03) Door/hatch (back door)  
(04) Roof  
(05) Roof glass  
(06) Side window ←  
(07) Rear window (backlight)  
(08) Roof and roof glass  
(09) Windshield and door (side)  
(10) Windshield and roof  
(11) Side and rear window (side window and backlight)  
(12) Windshield and side window  
(13) Door and side window  
(98) Other combination of above (specify): 02, 06  
(99) Unknown

1st Review: 10

2nd Review:

### Door, Tailgate or Hatch Opening

5. LF 3 6. RF 1 7. LR 3 8. RR 1 9. TG/H 0

- (0) No door/gate/hatch  
(1) Door/gate/hatch remained closed and operational  
(2) Door/gate/hatch came open during collision  
(3) Door/gate/hatch jammed shut  
(8) Other (specify):  
(9) Unknown

### Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

- (0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

- (1) Door operational (no damage)  
(2) Latch/striker failure due to damage  
(3) Hinge failure due to damage  
(4) Door structure failure due to damage  
(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage  
(6) Latch/striker and hinge failure due to damage  
(8) Other failure (specify):  
(9) Unknown

### GLAZING

#### Glazing Damage from Impact Forces

15. WS 2 16. LF 6 17. RF 0 18. LR 6 19. RR 0  
20. BL 0 21. Roof 8 22. Other 0

- (0) No glazing damage from impact forces  
(2) Glazing in place and cracked from impact forces  
(3) Glazing in place and holed from impact forces  
(4) Glazing out-of-place (cracked or not) and not holed from impact forces  
(5) Glazing out-of-place and holed from impact forces  
(6) Glazing disintegrated from impact forces  
(7) Glazing removed prior to accident  
(8) No glazing  
(9) Unknown if damaged

#### Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0  
28. BL 0 29. Roof 0 30. Other 0

- (0) No occupant contact to glazing or no glazing  
(1) Glazing contacted by occupant but no glazing damage  
(2) Glazing in place and cracked by occupant contact  
(3) Glazing in place and holed by occupant contact  
(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact  
(5) Glazing out-of-place by occupant contact and holed by occupant contact  
(6) Glazing disintegrated by occupant contact  
(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

#### Type of Window/Windshield Glazing

31. WS 1 32. LF 2 33. RF 0 34. LR 2 35. RR 0  
36. BL 0 37. Roof 0 38. Other 0

- (0) No glazing contact and no damage, or no glazing  
(1) AS-1 — Laminated  
(2) AS-2 — Tempered  
(3) AS-3 — Tempered-tinted  
(4) AS-14 — Glass/Plastic  
(8) Other (specify):  
(9) Unknown

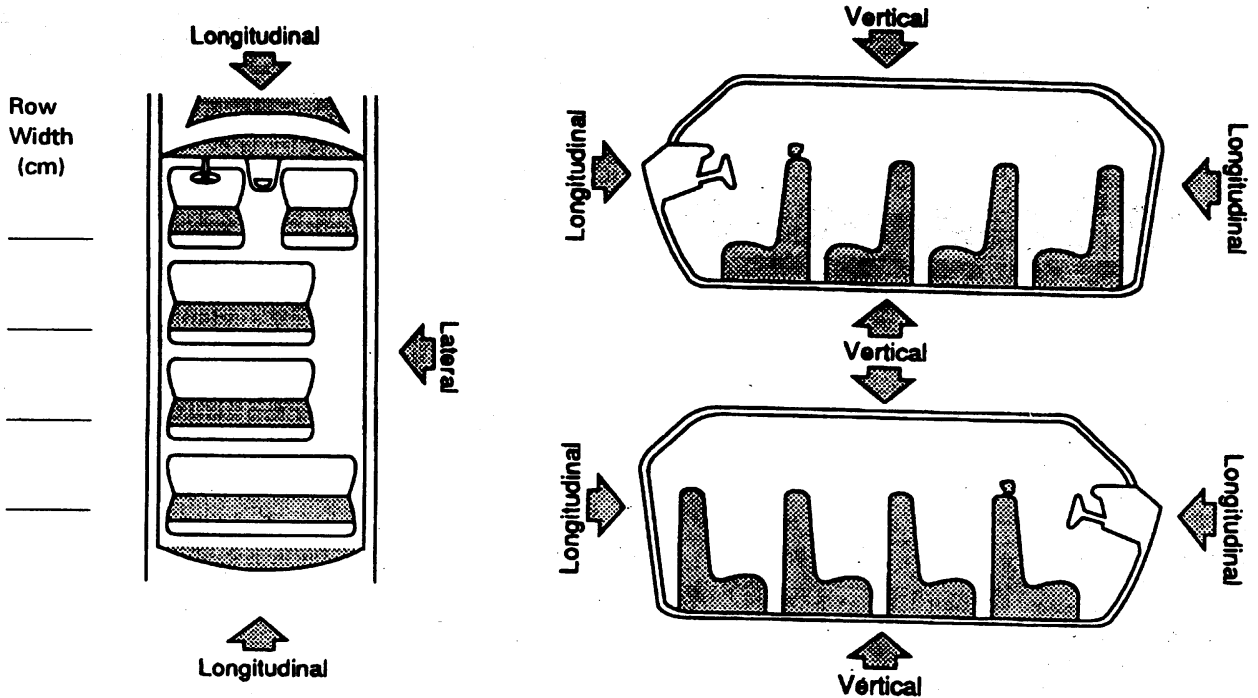
#### Window Precrash Glazing Status

39. WS 1 40. LF 2 41. RF 0 42. LR 2 43. RR 0  
44. BL 0 45. Roof 0 46. Other 0

- (0) No glazing contact and no damage, or no glazing  
(1) Fixed  
(2) Closed  
(3) Partially opened  
(4) Fully opened  
(9) Unknown

# INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION		INTRUDED COMPONENT	(All Measurements Are in Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
			COMPARISON VALUE	—	INTRUDED VALUE	=	
10	(L) door (F)		0	—	38	=	36
10	(L) door (R)		0	—	unk	=	unk
07	(B) pillar		0	—	40	=	40 cm
	11	13		—		=	3
	21	13		—		=	3
	11	17		—		=	3
	21	17		—		=	3
	21	12		—		=	3
				—		=	
				—		=	
				—		=	
				—		=	
				—		=	
				—		=	
				—		=	

Document no more than the 15 most severe intrusions

## OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. <u>1</u> <u>1</u>	48. <u>6</u> <u>7</u>	49. <u>4</u>	50. <u>3</u>
2nd	51. <u>2</u> <u>1</u>	52. <u>1</u> <u>0</u>	53. <u>4</u>	54. <u>3</u>
3rd	55. <u>1</u> <u>1</u>	56. <u>1</u> <u>0</u>	57. <u>3</u>	58. <u>3</u>
4th	59. <u>9</u> <u>9</u>	60. <u>9</u> <u>9</u>	61. <u>9</u>	62. <u>9</u>
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

## LOCATION OF INTRUSION

Front Seat  
 (11) Left  
 (12) Middle  
 (13) Right

Second Seat  
 (21) Left  
 (22) Middle  
 (23) Right

Third Seat  
 (31) Left  
 (32) Middle  
 (33) Right

Fourth Seat  
 (41) Left  
 (42) Middle  
 (43) Right

(97) Catastrophic  
 (98) Other enclosed area (specify)

(99) Unknown

## INTRUDING COMPONENT

## Interior Components

- (01) Steering assembly
- (02) Instrument panel left
- (03) Instrument panel center
- (04) Instrument panel right
- (05) Toe pan
- (06) A (A1/A2)-pillar
- (07) B-pillar
- (08) C-pillar
- (09) D-pillar
- (10) Door panel (side)
- (12) Roof (or convertible top)
- (13) Roof side rail
- (14) Windshield
- (15) Windshield header
- (16) Window frame
- (17) Floor pan (includes sill)
- (18) Backlight header
- (19) Front seat back
- (20) Second seat back
- (21) Third seat back
- (22) Fourth seat back
- (23) Fifth seat back
- (24) Seat cushion
- (25) Back door/panel (e.g., tailgate)
- (26) Other interior component (specify):

- (27) Side panel - forward of the A (A2)-pillar
- (28) Side panel - rear of the A (A2)-pillar

## Exterior Components

- (30) Hood
- (31) Outside surface of this vehicle (specify):
- (32) Other exterior object in the environment (specify):
- (33) Unknown exterior object
- (97) Catastrophic
- (98) Intrusion of unlisted component(s) (specify):
- (99) Unknown

## MAGNITUDE OF INTRUSION

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters
- (2)  $\geq 8$  centimeters but  $< 15$  centimeters
- (3)  $\geq 15$  centimeters but  $< 30$  centimeters
- (4)  $\geq 30$  centimeters but  $< 46$  centimeters
- (5)  $\geq 46$  centimeters but  $< 61$  centimeters
- (6)  $\geq 61$  centimeters
- (7) Catastrophic
- (9) Unknown

## DOMINANT CRUSH DIRECTION

- (1) Vertical
- (2) Longitudinal
- (3) Lateral
- (7) Catastrophic
- (9) Unknown

# STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
0	—	10 cm	=	10cm
	—		=	
	—		=	
	—		=	

**STEERING COLUMN**

## 87. Steering Column Type

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify): \_\_\_\_\_

(9) Unknown

## 88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X

## 89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 92. Steering Rim/Spoke Deformation

- (0 cm) Code actual measured deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

1 0 cm

## 93. Location of Steering Rim/Spoke Deformation

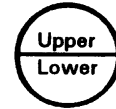
(00) No steering rim deformation

*Quarter Sections*

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D

*Half Sections*

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

0 9**INSTRUMENT PANEL**

## 94. Odometer Reading

0 0 9,000

\_\_\_\_\_ kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

\_\_\_ 5510 miles X 1.6093 = 808.867 kilometers

Source: \_\_\_\_\_

## 95. Instrument Panel Damage from Occupant Contact?

- (0) No  
 (1) Yes  
 (9) Unknown

0

## 96. Knee Bolsters Deformed from Occupant Contact?

- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

8

## 97. Did Glove Compartment Door Open During Collision(s)?

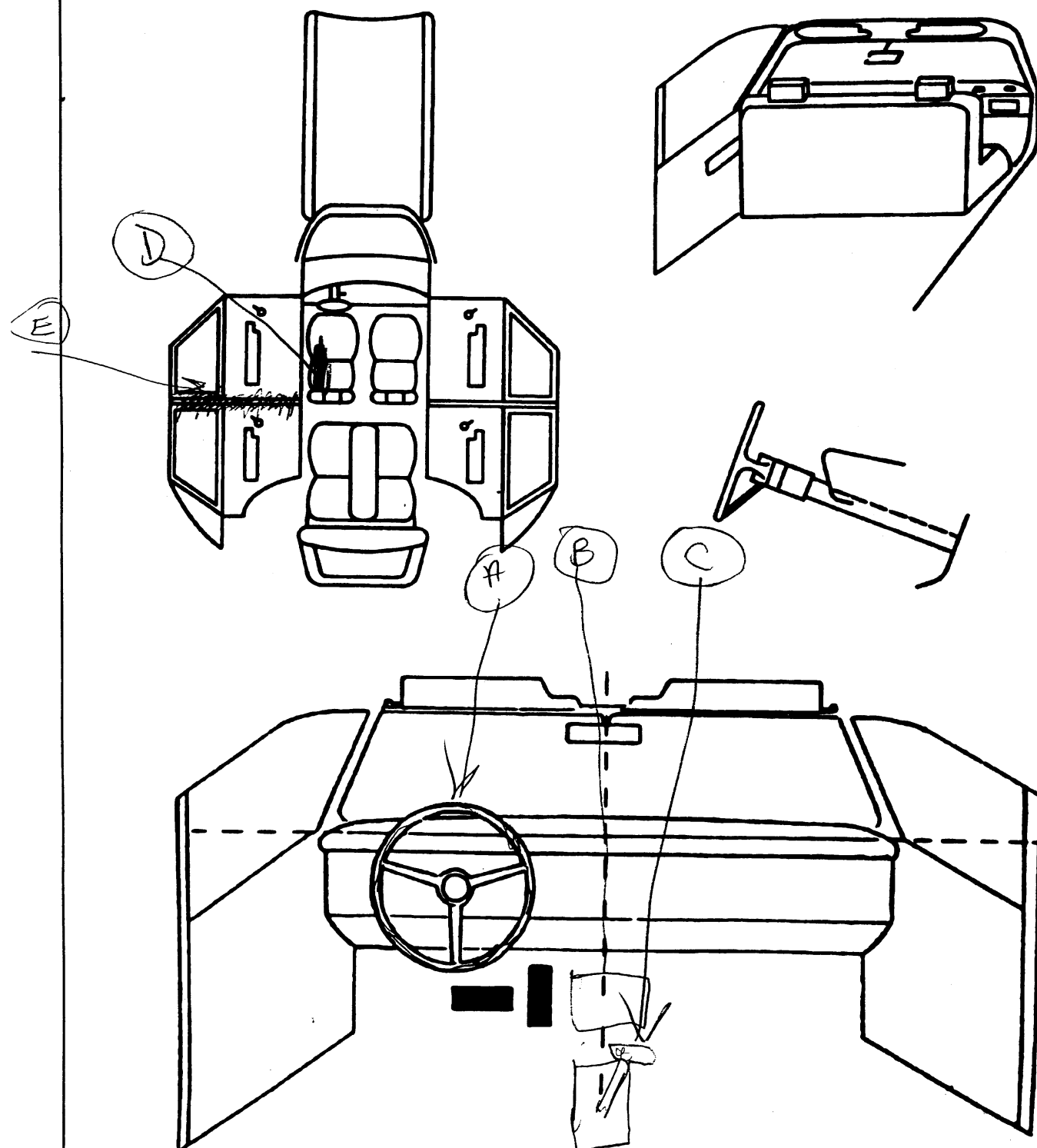
- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

0



## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).  
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	06	01	Chest	Loaded	1
B	10	01	(R) Hand	Knocked out of Place	1
C	19-57	01	(R) Hip	deformed light wood	1
D	20	01	(L) Back	deformed (intrusion)	1
E	23	01	(L) Back	deformed (intrusion)	1
F			(L) Hip		
G					
H					
I					
J					
K					
L					
M					
N					

## CODES FOR INTERIOR COMPONENTS

## FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify):
- (19) Other front object (specify): FLARE gear lever

## LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify):
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify):
- (28) Left side window sill

## RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify):
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify):
- (38) Right side window sill

## INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify):

- (47) Interior loose objects
- (48) Child safety seat (specify):

- (49) Other interior object (specify):

## ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

## FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

## REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## AUTOMATIC RESTRAINTS

**NOTES:** Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### AIR BAGS

		Left	Right
F I R S T	Availability/Function	0	0
	Deployment	0	0
	Failure	0	0

**Air Bag System Availability/Function**

- (0) Not equipped/not available  
(1) Air bag

**Non-functional**

- (2) Air bag disconnected (specify):  
\_\_\_\_\_  
(3) Air bag not reinstalled  
(9) Unknown

**Air Bag System Deployment**

- (0) Not equipped/not available  
(1) Air bag deployed during accident (as a result of impact)  
(2) Air bag deployed inadvertently just prior to accident  
(3) Air bag deployed, accident sequence undetermined  
(4) Nondeployed  
(5) Unknown if deployed  
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(9) Unknown

**Are There Indications of Air Bag System Failure?**

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify):  
\_\_\_\_\_  
(9) Unknown

### AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	1	1
	Use	1	1
	Type	2	2
	Proper Use	1	1
	Failure Modes	1	1

**Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
(1) 2 point automatic belts  
(2) 3 point automatic belts  
(3) Automatic belts - type unknown

**Non-functional**

- (4) Automatic belts destroyed or rendered inoperative  
(9) Unknown

**Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Automatic belt in use  
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
(3) Automatic belt use unknown  
(9) Unknown

**Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
(1) Non-motorized system  
(2) Motorized system  
(9) Unknown

**Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
(1) Automatic belt used properly  
(2) Automatic belt used properly with child safety seat

**Automatic Belt Used Improperly**

- (3) Automatic shoulder belt worn under arm  
(4) Automatic shoulder belt worn behind back  
(5) Automatic belt worn around more than one person  
(6) Lap portion of automatic belt worn on abdomen  
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
\_\_\_\_\_  
(8) Other improper use of automatic belt system (specify):  
\_\_\_\_\_  
(9) Unknown

**Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
(1) No automatic belt failure(s)  
(2) Torn webbing (stretched webbing not included)  
(3) Broken buckle or latchplate  
(4) Upper anchorage separated  
(5) Other anchorage separated (specify):  
\_\_\_\_\_  
(6) Broken retractor  
(7) Combination of above (specify):  
\_\_\_\_\_  
(8) Other automatic belt failure (specify):  
\_\_\_\_\_  
(9) Unknown

## MANUAL RESTRAINTS

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	<del>0</del> 3	0	<del>0</del> 3
	Evidence of usage	<del>00</del> 99	00	<del>00</del> 99
	Used in this crash?	<del>0</del> 99	00	<del>00</del> 99
	Proper Use	<del>0</del> 9	0	<del>0</del> 9
	Failure Modes	<del>0</del> 9	0	<del>0</del> 9
SECOND	Availability	4	3	4
	Evidence of usage	04	03	04
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability	0	0	0
	Evidence of usage	0	0	0
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0

## Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

## Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

## Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

(02) Shoulder belt

(03) Lap belt

(04) Lap and shoulder belt

(05) Belt used - type unknown

(08) Other belt used (specify):

(12) Shoulder belt used with child safety seat

(13) Lap belt used with child safety seat

(14) Lap and shoulder belt used with child safety seat

(15) Belt used with child safety seat - type unknown

(18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

## Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	0	0	0	0	0	0
1. Type of Child Safety Seat	0	0	0	0	0	0
2. Child Safety Seat Orientation	0	0	0	0	0	0
3. Child Safety Seat Harness Usage	0	0	0	0	0	0
4. Child Safety Seat Shield Usage	0	0	0	0	0	0
5. Child Safety Seat Tether Usage	0	0	0	0	0	0
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify): \_\_\_\_\_
- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat
- Designed for Rear Facing for This Age/Weight
- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify): \_\_\_\_\_
- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify): \_\_\_\_\_

(19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify): \_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

- 5. Child Safety Seat Tether Usage
- Note: Options Below Are Used for Variables 3-5.
- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

- 6. Child Safety Seat Make/Model
- (Specify make/model and occupant number)

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## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
FIRST	Head Restraint Type/Damage	3	0	3
	Seat Type	01	00	01
	Seat Performance	0	0	0
	Seat Orientation	1	8	1
SECOND	Head Restraint Type/Damage	0	0	0
	Seat Type	0	0	0
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
THIRD	Head Restraint Type/Damage	0	0	0
	Seat Type	0	0	0
	Seat Performance	0	0	0
	Seat Orientation	0	0	0
OTHER	Head Restraint Type/Damage	0	0	0
	Seat Type	0	0	0
	Seat Performance	0	0	0
	Seat Orientation	0	0	0

## Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: \_\_\_\_\_

(9) Unknown

## Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown

## Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_

(9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

- (9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

- (9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No ☒ Yes ☐

Describe entrapment mechanism:

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Component(s):

(Note in vehicle interior diagram)



# OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

03

2. Case Number - Stratum

073C

3. Vehicle Number

01

4. Occupant Number

01

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

59

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

2

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

168 999

Code actual height to the nearest  
centimeter.

(999) Unknown

66 inches X 2.54 = 168 centimeters

8. Occupant's Weight

113 999

Code actual weight to the nearest  
kilogram.

(999) Unknown

250 pounds X .4536 = 113 kilograms

9. Occupant's Role

1

(1) Driver

(2) Passenger

(9) Unknown

## OCCUPANT'S SEATING

10. Occupant's Seat Position

11

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

9

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown



## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 99

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 7

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 9

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 4

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position) 01

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 4

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 00 0

(000) No child safety seat

Applicable codes are found in your NASS CDS  
Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):  
\_\_\_\_\_

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):  
\_\_\_\_\_

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):  
\_\_\_\_\_

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):  
\_\_\_\_\_

(19) Unknown orientation

*Unknown Design or Orientation For This  
Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):  
\_\_\_\_\_

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00Note: Options below applicable to  
Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*(01) After market harness/shield/tether  
added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market  
harness/shield/tether added(09) Unknown if harness/shield/tether  
added or used*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 4

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 1

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):
- (9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized
- Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 62

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

## STOP - GO TO VARIABLE 44 ON PAGE 7

## VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 99

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 9941. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):

## (97) Other result (includes fatal ruled disease) (specify):

## (99) Unknown

43. Number of Recorded Injuries for This Occupant 12

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

## National Accident Sampling System-Crashworthiness Data System: Occupant Assessment Form

Page 7

**AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function 1

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

45. Automatic (Passive) Belt System Use 1

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 (3) Automatic belt use unknown  
 (9) Unknown

46. Automatic (Passive) Belt System Type 2

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 1

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
 (8) Other improper use of automatic belt system (specify):  
 (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 1

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 (9) Unknown

## Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [ ] Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):  
 [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒ YES [ ]

UPDATE CANDIDATE?

NO [ ] YES ☒

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 9  
(at Medical Facility) 01  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  01  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 9 X  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

3. Vehicle Number

01

2. Case Number - Stratum

073C

4. Occupant Number

01

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90

Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
-----------------------------	----------------	----------------------------------	-----------------------------------	--------------------	--------------------	--------	------------------	---	-------------------------------	---

*transected aorta*

1st	5. <u>1</u>	6. <u>4</u>	7. <u>2</u>	8. <u>02</u>	9. <u>10</u>	10. <u>5</u>	11. <u>4</u>	12. <u>20</u>	13. <u>1</u>	14. <u>1</u>	15. <u>03</u>
-----	-------------	-------------	-------------	--------------	--------------	--------------	--------------	---------------	--------------	--------------	---------------

*lung lacerations*

2nd	16. <u>1</u>	17. <u>4</u>	18. <u>4</u>	19. <u>14</u>	20. <u>50</u>	21. <u>4</u>	22. <u>3</u>	23. <u>20</u>	24. <u>1</u>	25. <u>1</u>	26. <u>03</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	---------------	--------------	--------------	---------------

*spleen lac*

3rd	27. <u>1</u>	28. <u>5</u>	29. <u>4</u>	30. <u>42</u>	31. <u>22</u>	32. <u>2</u>	33. <u>2</u>	34. <u>20</u>	35. <u>1</u>	36. <u>1</u>	37. <u>03</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	---------------	--------------	--------------	---------------

*(B) rib fts*

4th	38. <u>1</u>	39. <u>4</u>	40. <u>5</u>	41. <u>02</u>	42. <u>66</u>	43. <u>5</u>	44. <u>3</u>	45. <u>20</u>	46. <u>1</u>	47. <u>1</u>	48. <u>03</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	---------------	--------------	--------------	---------------

*T<sub>3</sub> ft*

5th	49. <u>1</u>	50. <u>6</u>	51. <u>5</u>	52. <u>04</u>	53. <u>16</u>	54. <u>2</u>	55. <u>7</u>	56. <u>23</u>	57. <u>1</u>	58. <u>1</u>	59. <u>01</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	---------------	--------------	--------------	---------------

*T<sub>4</sub> ft*

6th	60. <u>1</u>	61. <u>6</u>	62. <u>5</u>	63. <u>04</u>	64. <u>16</u>	65. <u>2</u>	66. <u>7</u>	67. <u>23</u>	68. <u>1</u>	69. <u>1</u>	70. <u>01</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	---------------	--------------	--------------	---------------

*T<sub>11</sub> ft*

7th	71. <u>1</u>	72. <u>6</u>	73. <u>5</u>	74. <u>04</u>	75. <u>16</u>	76. <u>2</u>	77. <u>7</u>	78. <u>23</u>	79. <u>1</u>	80. <u>1</u>	81. <u>01</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	---------------	--------------	--------------	---------------

*T<sub>12</sub> ft*

8th	82. <u>1</u>	83. <u>6</u>	84. <u>5</u>	85. <u>04</u>	86. <u>16</u>	87. <u>2</u>	88. <u>7</u>	89. <u>23</u>	90. <u>1</u>	91. <u>1</u>	92. <u>01</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	---------------	--------------	--------------	---------------

*Chest Contusions*

9th	93. <u>1</u>	94. <u>4</u>	95. <u>9</u>	96. <u>04</u>	97. <u>02</u>	98. <u>1</u>	99. <u>0</u>	100. <u>20</u>	101. <u>1</u>	102. <u>1</u>	103. <u>03</u>
-----	--------------	--------------	--------------	---------------	---------------	--------------	--------------	----------------	---------------	---------------	----------------

*abdomen cont*

10th	104. <u>1</u>	105. <u>5</u>	106. <u>9</u>	107. <u>04</u>	108. <u>02</u>	109. <u>1</u>	110. <u>0</u>	111. <u>20</u>	112. <u>1</u>	113. <u>1</u>	114. <u>03</u>
------	---------------	---------------	---------------	----------------	----------------	---------------	---------------	----------------	---------------	---------------	----------------



[illegible]

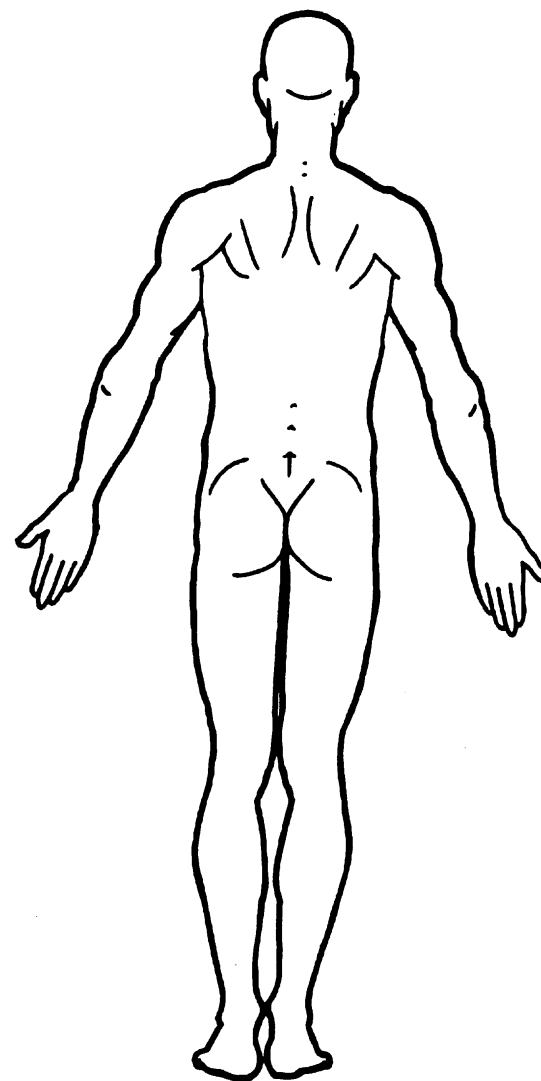
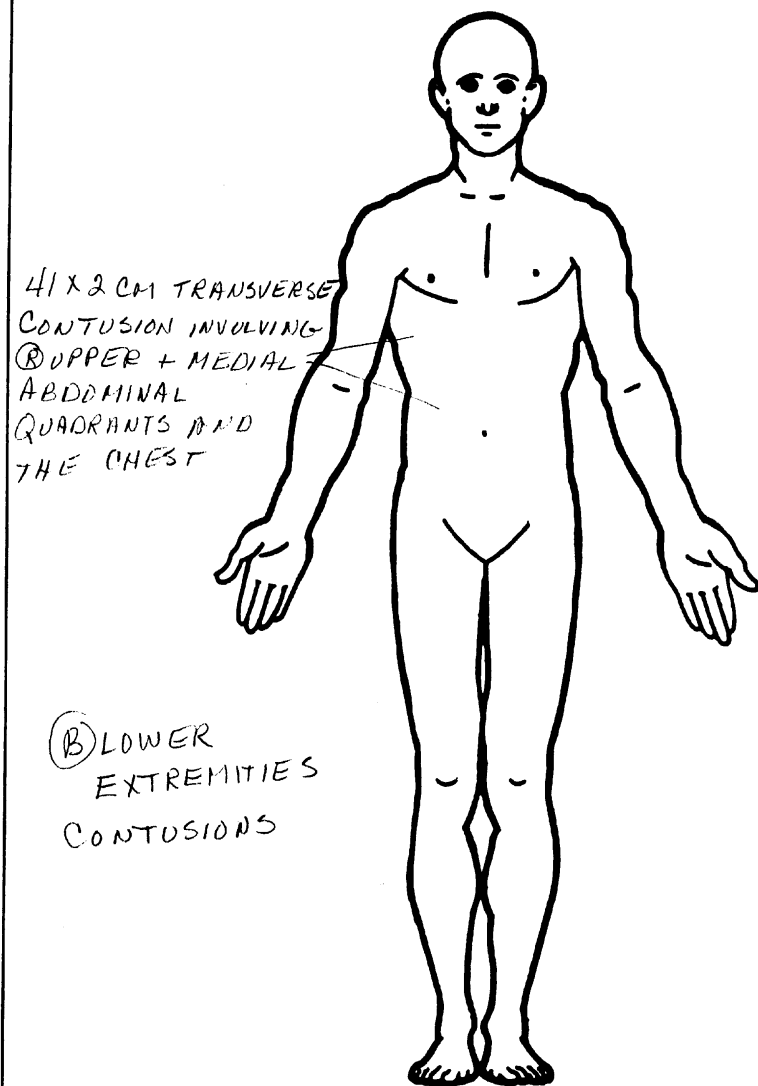
leg contusions  
11th 1 8 9 04 02 1 2 20 1 1 03

leg contusions  
12th 1 8 9 04 02 1 1 09 2 1 00

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

*ALL INJURIES FROM AUTOPSY*



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

— No *NR*  
— Yes

Blood Alcohol  
Level (mg/dl)

BAL = *0*

Glasgow Coma  
Scale Score

GCSS = *NR*

Units of Blood  
Given

Units = *NR*

Arterial Blood  
Gases

pH = */*

PO<sub>2</sub> = */*

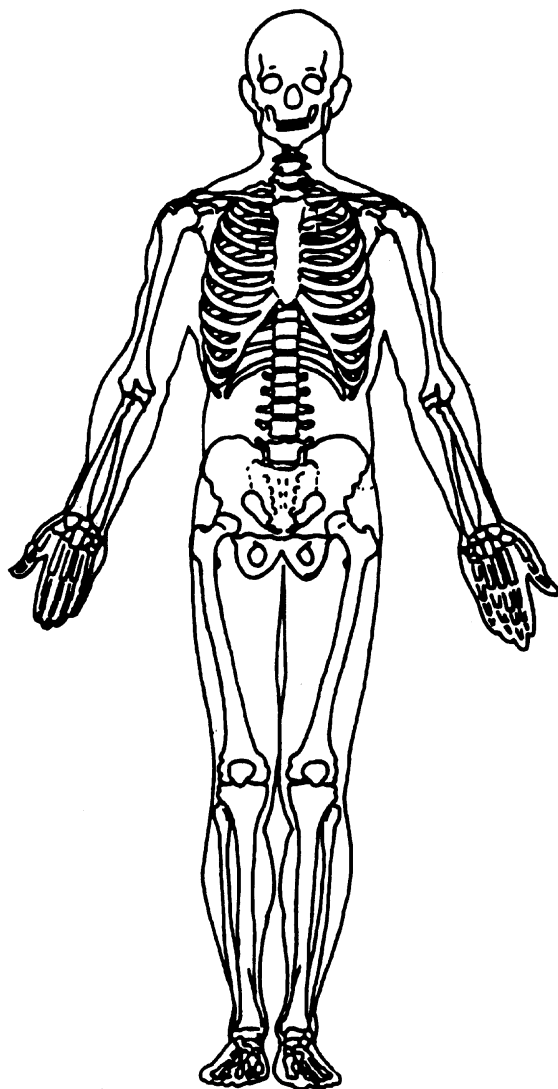
PCO<sub>2</sub> = */*

HCO<sub>3</sub> = */*

*Not reported*

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

*ALL INJURIES FROM AUTOPSY*



*ALL RIBS ON (L)*

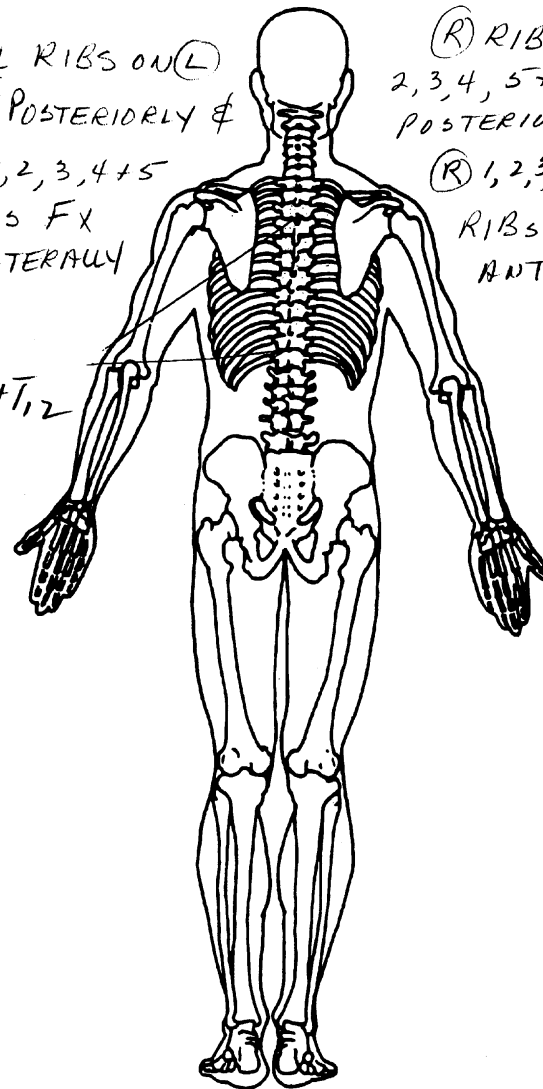
*FX POSTERIORLY &*

*(L) 1,2,3,4+5*

*RIBS FX*

*LATERALLY*

*FX OF  
T<sub>3</sub>, T<sub>4</sub>, T<sub>11</sub>, T<sub>12</sub>*



*(R) RIBS*

*2,3,4,5+6 FX*

*POSTERIORLY &*

*(R) 1,2,3,4,5,7+8+9*

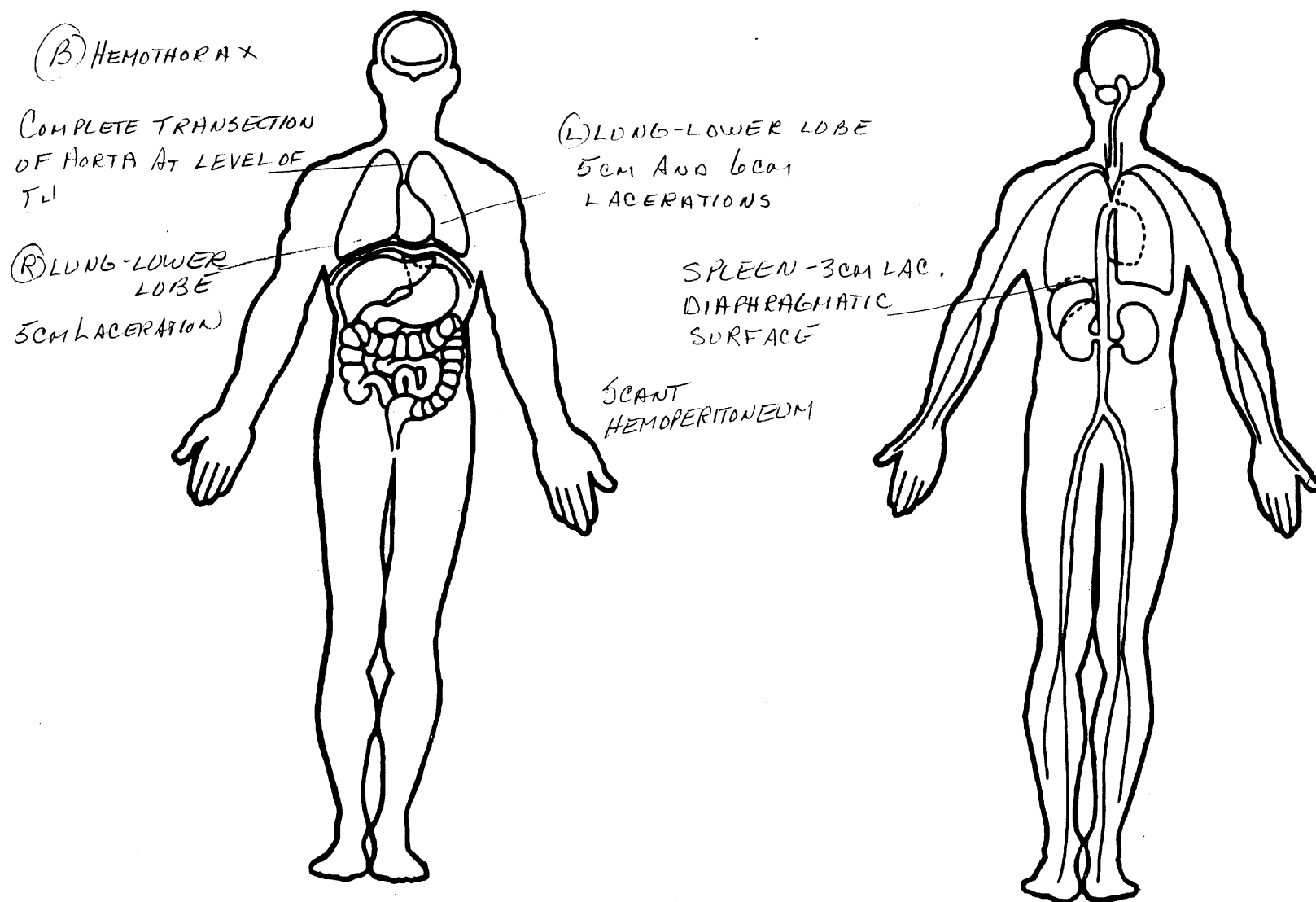
*RIBS FX*

*ANTERIORLY*

## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ALL INJURIES FROM AUTOPSY





## UPDATE FORM

<p>1. Primary Sampling Unit Number <u>03</u></p> <p>2. Case Number — Stratum <u>073C</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> <p style="text-align: center;">RECEIVED <span style="background-color: black; color: black;">[REDACTED]</span> 1995</p>	<p>Driver or Occupant Name: _____</p> <p>Address: _____</p> <p>_____</p> <p>Other Information: _____</p> <p>_____</p> <p style="text-align: center;"><i>(Sanitize this section prior to Update submission.)</i></p>
---	---

### STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION	
OAL08. Date Official Medical Data Requested	[REDACTED]	94	
OAL09. Date Official Medical Data Obtained	[REDACTED]	94/95	
OAL16. Injury Treatment Status	OB	13	
OAL17. Injury Information			
<u>Official</u>			
a. Autopsy (invasive examination)	B	11	
b. Post-ER medical record which includes information about death based on non-invasive examination	B	---	
c. Admission record/summary or admission/discharge face sheet	B	---	
d. Discharge summary	B	---	
e. Operative report	B	---	
f. Radiographic record(s) (X-ray, CT scan)	B	---	
g. History and physical examination and/or consultation records	B	---	
h. Emergency room records (includes nurses' notes)	B	---	
j. Private physician	B	---	
<u>Unofficial</u>			
k. Lay coroner	B	---	
l. EMS record	B	---	
m. Interviewee	B	---	
n. Other source (specify): _____	B	B	
o. Police report	B	11	B
OAL18. Medical Facility Code			medical, examiner
GV12. Alcohol Test Results For Driver			---
GV39. Other Drug Specimen Test Type For Driver			---

**OCCUPANT RELATED**

16. Driver Presence in Vehicle 1  
 (0) Driver not present  
 (1) Driver present  
 (9) Unknown
17. Number of Occupants This Vehicle 03  
 (00-96) Code actual number of occupants for this vehicle  
 (97) 97 or more  
 (99) Unknown
18. Number of Occupant Forms Submitted 03

**VEHICLE WEIGHT ITEMS**

19. Vehicle Curb Weight 1,890  
 Code weight to nearest 10 kilograms.  
 (045) Less than 450 kilograms  
 (610) 6,100 kilograms or more  
 (999) Unknown  
4,159 lbs X .4536 = 1,886 kgs  
 Source: \_\_\_\_\_
20. Vehicle Cargo Weight 0.00  
 Code weight to nearest 10 kilograms.  
 (000) Less than 5 kilograms  
 (450) 4,500 kilograms or more  
 (999) Unknown  
 \_\_\_\_\_ lbs X .4536 = \_\_\_\_\_ kgs

**RECONSTRUCTION DATA**

21. Towed Trailing Unit 0  
 (0) No towed unit  
 (1) Yes—towed trailing unit  
 (9) Unknown
22. Documentation of Trajectory Data for This Vehicle 0  
 (0) No  
 (1) Yes
23. Post Collision Condition of Tree or Pole (For Highest Delta V) 0  
 (0) Not collision (for highest delta V) with tree or pole  
 (1) Not damaged  
 (2) Cracked/sheared  
 (3) Tilted <45 degrees  
 (4) Tilted ≥45 degrees  
 (5) Uprooted tree  
 (6) Separated pole from base  
 (7) Pole replaced  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

24. Rollover 0  
 (0) No rollover (no overturning)  
*Rollover (primarily about the longitudinal axis)*  
 (1) Rollover, 1 quarter turn only  
 (2) Rollover, 2 quarter turns  
 (3) Rollover, 3 quarter turns  
 (4) Rollover, 4 or more quarter turns (specify): \_\_\_\_\_  
 (5) Rollover--end-over-end (i.e., primarily about the lateral axis)  
 (9) Rollover (overturn), details unknown

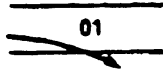


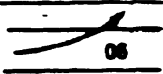
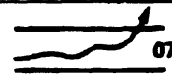

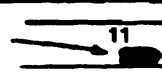
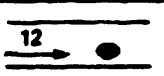
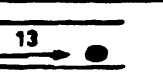
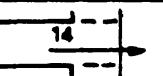
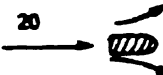

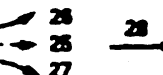
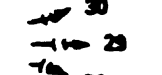
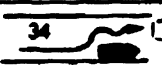

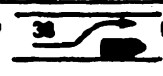
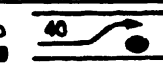
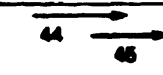
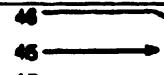
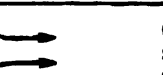
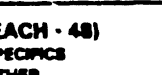

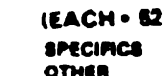





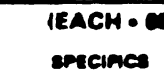

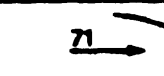


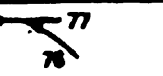
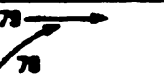

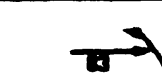
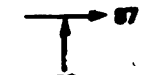

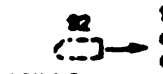

**OVERRIDE/UNDERRIDE (THIS VEHICLE)**

25. Front Override/Underride (this Vehicle) 0
26. Rear Override/Underride (this Vehicle) 0  
 (0) No override/underride, or not an end-to-end impact  
*Override (see specific CDC)*  
 (1) 1st CDC  
 (2) 2nd CDC  
 (3) Other not automated CDC (specify): \_\_\_\_\_  
*Underride (see specific CDC)*  
 (4) 1st CDC  
 (5) 2nd CDC  
 (6) Other not automated CDC (specify): \_\_\_\_\_  
 (7) Medium/heavy truck or bus override  
 (9) Unknown

**HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V**

Values: (000)-(359) Code actual value  
 (997) Noncollision  
 (998) Impact with object  
 (999) Unknown

27. Heading Angle For This Vehicle 225
28. Heading Angle For Other Vehicle 190

Category	Configuration	ACCIDENT TYPES (Includes Intent)				
I Single Driver	A Right Roadside Departure	 01 DRIVE OFF ROAD	 02 CONTROL/ TRACTION LOSS	 03 AVOID COLLISION WITH VEH., PED., ANIM.	04 SPECIFICS OTHER	05 SPECIFICS UNKNOWN
	B Left Roadside Departure	 06 DRIVE OFF ROAD	 07 CONTROL/ TRACTION LOSS	 08 AVOID COLLISION WITH VEH., PED., ANIM.	09 SPECIFICS OTHER	10 SPECIFICS UNKNOWN
	C Forward Impact	 11 PARKED VEH.	 12 STA. OBJECT	 13 PEDESTRIAN/ ANIMAL	 14 END DEPARTURE	15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN
II Same Trafficway Same Direction	D Rear-End	 20 STOPPED 21, 22, 23	 21 SLOWER 24, 25, 26, 27	 22 DECEL. 28, 29, 30, 31	 23 AVOID COLLISION WITH VEH., PED., ANIM.	(EACH - 32) SPECIFICS OTHER (EACH - 33) SPECIFICS UNKNOWN
	E Forward Impact	 34 CONTROL/ TRACTION LOSS	 35 CONTROL/ TRACTION LOSS	 36 AVOID COLLISION WITH VEH.	 37 AVOID COLLISION WITH OBJECT	(EACH - 42) SPECIFICS OTHER (EACH - 43) SPECIFICS UNKNOWN
	F Sideswipe Angle	 44 LATERAL MOVE	 45 LATERAL MOVE	 46 LATERAL MOVE	 47 LATERAL MOVE	(EACH - 48) SPECIFICS OTHER (EACH - 49) SPECIFICS UNKNOWN
III Same Trafficway Opposite Direction	G Head-On	 50 LATERAL MOVE	 51 LATERAL MOVE	(EACH - 52) SPECIFICS OTHER	(EACH - 53) SPECIFICS UNKNOWN	
	H Forward Impact	 54 CONTROL/ TRACTION LOSS	 55 CONTROL/ TRACTION LOSS	 56 AVOID COLLISION WITH VEH.	 57 AVOID COLLISION WITH OBJECT	(EACH - 62) SPECIFICS OTHER (EACH - 63) SPECIFICS UNKNOWN
	I Sideswipe Angle	 64 LATERAL MOVE	 65 LATERAL MOVE	(EACH - 66) SPECIFICS OTHER	(EACH - 67) SPECIFICS UNKNOWN	
IV Change Trafficway Vehicle Turning	J Turn Across Path	 68 INITIAL OPPOSITE DIRECTIONS	 69 INITIAL OPPOSITE DIRECTIONS	 70 INITIAL SAME DIRECTIONS	 71 INITIAL SAME DIRECTIONS	(EACH - 74) SPECIFICS OTHER (EACH - 75) SPECIFICS UNKNOWN
	K Turn Into Path	 72 TURN INTO SAME DIRECTION	 73 TURN INTO SAME DIRECTION	 74 TURN INTO OPPOSITE DIRECTIONS	 75 TURN INTO OPPOSITE DIRECTIONS	(EACH - 84) SPECIFICS OTHER (EACH - 85) SPECIFICS UNKNOWN
V Intersecting Paths (Vehicle Damage)	L Straight Paths	 87 BACKING VEH.	 88 OTHER VEH. OR OBJECT	(EACH - 90) SPECIFICS OTHER	(EACH - 91) SPECIFICS UNKNOWN	
VI Miscellaneous	M Backing Etc.	 92 BACKING VEH.	 93 OTHER VEH. OR OBJECT	96 Other Accident Type 98 Unknown Accident Type 00 No Impact		



**OTHER DATA**

## 56. Driver's Zip Code

- (00000) Driver not present  
 (00001) Driver not a resident of U.S. or territories  
 \_\_\_\_\_ Code actual 5-digit zip code  
 (99999) Unknown

## 57. Driver's Race/Ethnic Origin

- (0) Driver not present  
 (1) White (non-Hispanic)  
 (2) Black (non-Hispanic)  
 (3) White (Hispanic)  
 (4) Black (Hispanic)  
 (5) American Indian, Eskimo or Aleut  
 (6) Asian or Pacific Islander  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

## 58. Vehicle Special Use (This Trip)

- (0) No special use  
 (1) Taxi  
 (2) Vehicle used as school bus  
 (3) Vehicle used as other bus  
 (4) Military  
 (5) Police  
 (6) Ambulance  
 (7) Fire truck or car  
 (8) Other (specify): \_\_\_\_\_  
 (9) Unknown

**ROLLOVER DATA**

If GV07 (Body Type)  $\neq$  1-49, leave GV59-GV63 blank.  
 If GV24 (Rollover) = 0, then GV59-GV63 must equal 0.  
 If GV24 = 9, then GV59-GV63 must equal 9.

## 59. Rollover Initiation Type

- (0) No rollover  
 (1) Trip-over  
 (2) Flip-over  
 (3) Turn-over  
 (4) Climb-over  
 (5) Fall-over  
 (6) Bounce-over  
 (7) Collision with another vehicle  
 (8) Other rollover initiation type specify): \_\_\_\_\_  
 (9) Unknown rollover initiation type

## 60. Location of Rollover Initiation

- (0) No rollover  
 (1) On roadway  
 (2) On shoulder—paved  
 (3) On shoulder—unpaved  
 (4) On roadside or divided trafficway median  
 (9) Unknown

## 61. Rollover Initiation Object Contacted

## 62. Location on Vehicle Where Initial Principal Tripping Force Is Applied

- (0) No rollover  
 (1) Wheels/tires  
 (2) Side plane  
 (3) End plane  
 (4) Undercarriage  
 (5) Other location on vehicle (specify): \_\_\_\_\_  
 (8) Non-contact rollover forces (specify): \_\_\_\_\_  
 (9) Unknown

## 63. Direction of Initial Roll

- (0) No rollover  
 (1) Roll right - primarily about the longitudinal axis  
 (2) Roll left - primarily about the longitudinal axis  
 (5) End-over-end (i.e., primarily about the lateral axis)  
 (9) Unknown roll direction

**PRECRAASH DATA**

## 64. Pre-Event Movement (Prior to Recognition of Critical Event)

- (01) Going straight  
 (02) Slowing or stopping in traffic lane  
 (03) Starting in traffic lane  
 (04) Stopped in traffic lane  
 (05) Passing or overtaking another vehicle  
 (06) Disabled or parked in travel lane  
 (07) Leaving a parking position  
 (08) Entering a parking position  
 (09) Turning right  
 (10) Turning left  
 (11) Making a U-turn  
 (12) Backing up (other than for parking position)  
 (13) Negotiating a curve  
 (14) Changing lanes  
 (15) Merging  
 (16) Successful avoidance maneuver to a previous critical event  
 (97) Other (specify): \_\_\_\_\_  
 (98) No driver present  
 (99) Unknown

## CODES FOR ROLLOVER INITIATION OBJECT CONTACTED

(00) No rollover  
(01-30) — Vehicle Number

### Noncollision

(31) Turn-over — fall-over  
(33) Jackknife

### Collision With Fixed Object

(41) Tree ( $\leq 10$  cm in diameter)  
(42) Tree ( $> 10$  cm in diameter)  
(43) Shrubbery or bush  
(44) Embankment

(45) Breakaway pole or post (any diameter)

### Nonbreakaway Pole or Post

(50) Pole or post ( $\leq 10$  cm in diameter)  
(51) Pole or post ( $> 10$  cm but  $\leq 30$  cm in diameter)  
(52) Pole or post ( $> 30$  cm in diameter)  
(53) Pole or post (diameter unknown)

(54) Concrete traffic barrier  
(55) Impact attenuator  
(56) Other traffic barrier (includes guardrail)  
(specify): \_\_\_\_\_

(57) Fence  
(58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge  
(68) Other fixed object (specify):  
\_\_\_\_\_

(69) Unknown fixed object

### Collision with Nonfixed Object

(71) Motor vehicle not in-transport  
(76) Animal  
(77) Train  
(78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify):  
\_\_\_\_\_

(89) Unknown nonfixed object

(98) Other event (specify):  
\_\_\_\_\_

(99) Unknown event or object

## EXTERIOR VEHICLE FORM

**NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM**

1. Primary Sampling Unit Number	<u>0</u> <u>3</u>	3. Vehicle Number	<u>0</u> <u>2</u>
2. Case Number - Stratum	<u>0</u> <u>7</u> <u>3</u> <u>0</u>		

## VEHICLE IDENTIFICATION

VIN 1 L 6 9 4 7 J 2 4 1 5                      Model Year 7 7  
Vehicle Make (specify): Chevrolet Vehicle Model (specify): Impala

## LOCATOR

Locate the end of the damage with respect to the vehicle longitudinal center line or bumper corner for end impacts or an undamaged axle for side impacts.

Specific Impact No.	Location of Direct Damage	Location of Field L
	98 cm (R) half	1765 End to End

### CRUSH PROFILE IN CENTIMETERS

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure and document on the vehicle diagram the location of maximum crush.

**Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.**

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

Specific Impact Number	Plane of Impact C-Measurements	Direct Damage		Field L	C <sub>1</sub>	C <sub>2</sub>	C <sub>3</sub>	C <sub>4</sub>	C <sub>5</sub>	C <sub>6</sub>	±D
		Width (CDC)	Max Crush								
1	Front Bumper	98		176.5	0.0	0.0	1.5	10.0	2.5	50.0	
	F/S				15.5	18.0	14.5	14.5	18.0	15.5	
	vel <sup>1</sup> C <sup>h</sup>				0.0	0.0	0.0	5.5	17	34.5	+49.
					12.5	12.5	12.5	12.5	12.5	12.5	
					0.0	4.5	9.5	18	29.5	47	+49.

Stand set up at 532.5

Spec = 545.

add to "C" measurement → 12.5

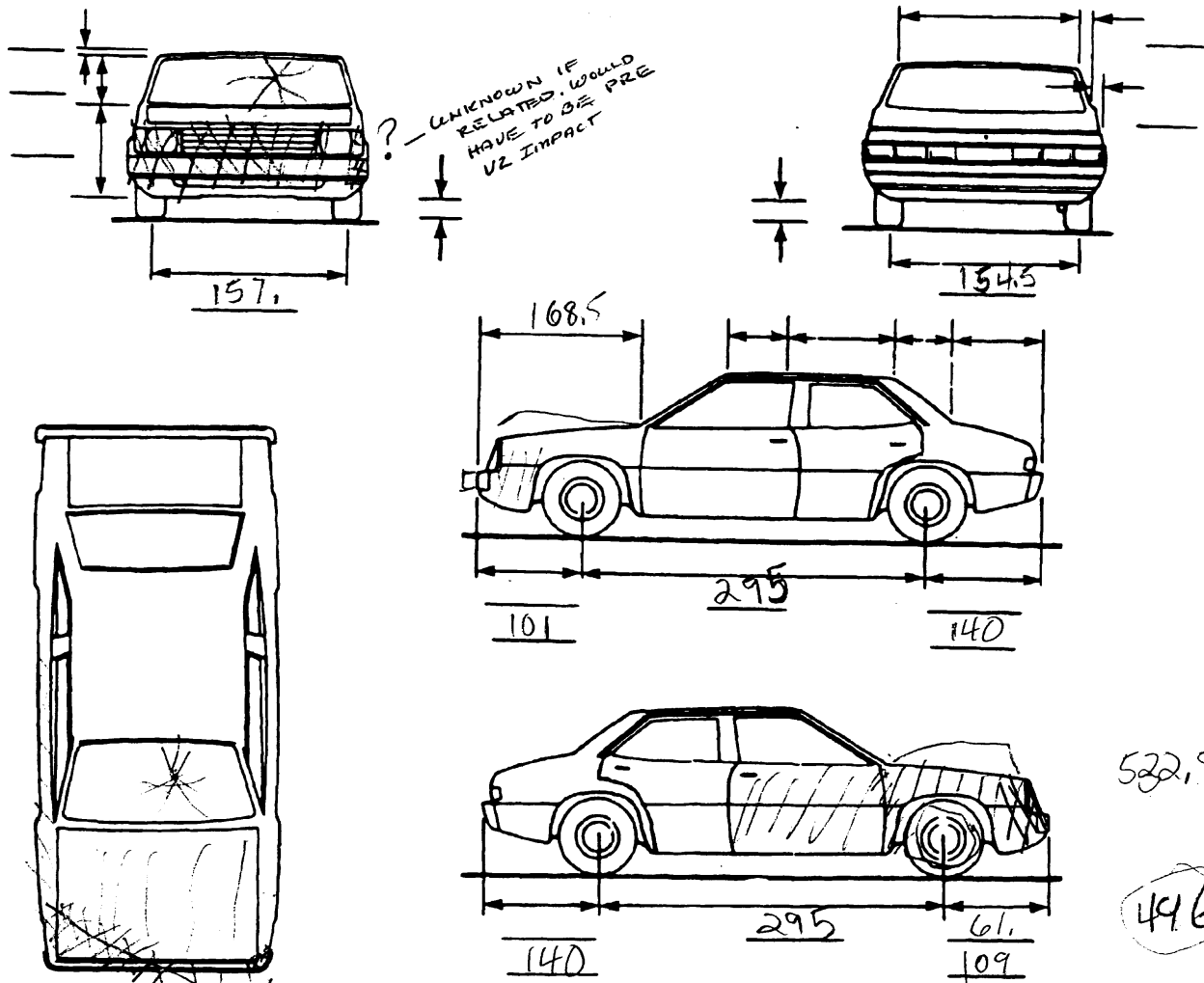
## ORIGINAL SPECIFICATIONS WORK SHEET

Wheelbase	<u>116.0</u>	inches	x 2.54	=	<u>294.5</u>	cm
Overall Length	<u>214.7</u>	inches	x 2.54	=	<u>545</u>	cm
Maximum Width	<u>79.1</u>	inches	x 2.54	=	<u>200.9</u>	cm
Curb Weight	<u>4,150</u>	pounds	x .4536	=	<u>1,886</u>	kg
Average Track	<u>61.3</u>	inches	x 2.54	=	<u>155.7</u>	cm
Front Overhang	— — —	inches	x 2.54	=	— — —	cm
Rear Overhang	— — —	inches	x 2.54	=	— — —	cm
Undeformed End Width	<u>70.5</u>	inches	x 2.54	=	<u>179</u>	cm
Engine Size: cyl./displ.	<u>V8 305</u>	cc	x .001	=	— —	L
	— — —	CID	x .0164	=	— —	L

## VEHICLE DAMAGE SKETCH

<b>TIRE—WHEEL DAMAGE</b> a. Rotation physically restricted RF <u>1</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk.		<b>ORIGINAL SPECIFICATIONS</b> Wheelbase <u>295</u> cm Overall Length <u>545</u> cm Maximum Width <u>201</u> cm Curb Weight <u>1886</u> kg Average Track <u>156</u> cm Front Overhang _____ cm Rear Overhang _____ cm Undeformed End Width <u>179.0</u> cm Engine Size: cyl./displ. <u>V-8/305</u> L		<b>WHEEL STEER ANGLES</b> (For locked front wheels or displaced rear axles only) RF ± _____ ° LF ± _____ ° RR ± _____ ° LR ± _____ ° Within ± 5 degrees
<b>TYPE OF TRANSMISSION</b> <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic		<b>DRIVE WHEELS</b> <input type="checkbox"/> FWD <input checked="" type="checkbox"/> RWD <input type="checkbox"/> 4WD Approximate Cargo Weight <u>000</u> kg		

## MEASUREMENTS IN CENTIMETERS



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewalls, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

## CODES FOR OBJECT CONTACTED

(57) Fence

(58) Wall

- (58) Wall  
(59) Building  
(60) Ditch or culvert  
(61) Ground  
(62) Fire hydrant  
(63) Curb  
(64) Bridge

(64) Bridge

(68) Other fixed object (specify):

(69) Unknown fixed object

### Collision with Nonfixed Object

(71) Motor vehicle not in-transport

- (72) Pedestrian  
(73) Cyclist or cycle  
(74) Other nonmotorist or conveyance

(75) Vehicle occupant

(76) **Animal**

- (77) Train  
(78) Trailer, disconnected in transport  
(79) Object fell from vehicle in-transport  
(88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

[illegible]

## COLLISION DEFORMATION CLASSIFICATION

## HIGHEST DELTA "V"

Accident Event Sequence Number	Object Contacted	(1) (2) Direction of Force	(3) Deformation Location	(4) Longitudinal or Lateral Location	(5) Vertical or Lateral Location	(6) Type of Damage Distribution	(7) Deformation Extent
4. <u>01</u>	5. <u>01</u>	6. <u>01</u>	7. <u>F</u>	8. <u>Z</u>	9. <u>E</u>	10. <u>W</u>	11. <u>02</u>

## Second Highest Delta "V"

12. _____	13. _____	14. _____	15. _____	16. _____	17. _____	18. _____	19. _____
-----------	-----------	-----------	-----------	-----------	-----------	-----------	-----------

## CRUSH PROFILE IN CENTIMETERS

The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. (ALL MEASUREMENTS ARE IN CENTIMETERS.)

## HIGHEST DELTA "V"

20. <u>L</u>	21. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	22. <u>±D</u>
<u>179</u>	<u>000</u>	<u>605</u>	<u>010</u>	<u>018</u>	<u>030</u>	<u>047</u>	<u>⊕ 049</u>

## Second Highest Delta "V"

23. <u>L</u>	24. <u>C<sub>1</sub></u>	<u>C<sub>2</sub></u>	<u>C<sub>3</sub></u>	<u>C<sub>4</sub></u>	<u>C<sub>5</sub></u>	<u>C<sub>6</sub></u>	25. <u>±D</u>
_____	_____	_____	_____	_____	_____	_____	<u>+</u>
_____	_____	_____	_____	_____	_____	_____	<u>-</u>

26. Are CDCs Documented but Not Coded on The Automated File?  
(0) No  
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition  
(0) Not towed due to vehicle damage  
(1) Towed due to vehicle damage  
(9) Unknown

1

28. Original Wheelbase \_\_\_\_\_ Code to the nearest centimeter (999) Unknown

295

116.0 inches X 2.54 = 294.5 centimeters

<p>29. Is This A Multi-Stage Manufactured Vehicle And/Or A Certified Altered Vehicle? <u>0</u></p> <p>(0) No post manufacturer modifications (1) Yes - post manufacturer modifications (specify): _____</p> <p>_____ (Include photograph of CERTIFICATION PLACARD in case report)</p> <p>(9) Unknown if vehicle is modified</p> <p>30. Fire Occurrence <u>0</u></p> <p>(0) No fire</p> <p>Yes, fire occurred</p> <p>(1) Minor (2) Major (9) Unknown</p> <p>31. Origin of Fire <u>0</u></p> <p>(0) No fire (1) Vehicle exterior (front, side, back, top) (2) Exhaust system (3) Fuel tank (and other fuel retention system parts) (4) Engine compartment (5) Cargo/trunk compartment (6) Instrument panel (7) Passenger compartment area (8) Other location (specify): _____</p> <p>(9) Unknown</p> <p>32. Type of Fuel Tank-1 <u>1</u></p> <p>33. Type of Fuel Tank-2 <u>0</u></p> <p>(0) No fuel tank (electrical vehicle) (1) Metallic (2) Non-metallic (9) Unknown</p>	<p>34. Fuel Tank-1 Location <u>1</u></p> <p>35. Fuel Tank-2 Location <u>0</u></p> <p>(0) No fuel tank (1) Aft of center of the rear wheels (rear axle) centered (2) Aft of center of the rear wheels (rear axle) left side (3) Aft of center of the rear wheels (rear axle) right side (4) Forward of center of the rear wheels (rear axle) centered (5) Forward of center of the rear wheels (rear axle) left side (6) Forward of center of the rear wheels (rear axle) right side (7) Over center of the rear wheels (rear axle) (8) Other (specify): _____</p> <p>(9) Unknown</p> <p>36. Fuel Tank-1 Filler Cap Location <u>1</u></p> <p>37. Fuel Tank-2 Filler Cap Location <u>0</u></p> <p>(0) No fuel tank (1) On back plane (2) Aft of center of the rear wheels (rear axle) on left side plane (3) Aft of center of the rear wheels (rear axle) on right side plane (4) Forward of center of the rear wheels (rear axle) on left side plane (5) Forward of center of the rear wheels (rear axle) on right side plane (6) Over the center of the rear wheels (rear axle) on left side plane (7) Over the center of the rear wheels (rear axle) on right side plane (8) Other (specify): _____</p> <p>(9) Unknown</p> <p>38. Fuel Tank-1 Damage <u>1</u></p> <p>39. Fuel Tank-2 Damage <u>0</u></p> <p>(0) No fuel tank (1) No damage to fuel tank (2) Deformed, no seam failure (3) Deformed, with a seam failure (4) Punctured (5) Lacerated (ripped) (6) Abraded (scraped) (7) Filler neck separation from the fuel tank (8) Other damage (specify): _____</p> <p>(9) Unknown</p>
---	--



40. Location of Fuel System-1 Leakage 141. Location of Fuel System-2 Leakage 0

(0) No fuel tank

(1) No fuel leakage

*Primary Area Of Leakage*

(2) Tank

(3) Filler neck

(4) Cap

(5) Lines/pump/filter

(6) Vent/emission recovery

(8) Other (specify): \_\_\_\_\_

(9) Unknown

42. Fuel Type-1 0 143. Fuel Type-2 0 0*Single Fuel Type*

(00) No fuel tank

(01) Gasoline

(02) Diesel

(03) CNG (Compressed Natural Gas)

(04) LPG (Liquid Petroleum Gas) also known as Propane

(05) LNG (Liquid Natural Gas)

(06) Methanol (M100 or M85)

(07) Ethanol (E100 or E85)

(08) Other (Hydrogen or others) (specify): \_\_\_\_\_

*Electric Powered or Electric/Solar Powered Vehicles*

(10) Lead Acid Battery

(11) Nickel-Iron Battery

(12) Nickel-Cadmium Battery

(13) Sodium Metal Chloride Battery

(14) Sodium Sulfur Battery

(18) Other (Specify): \_\_\_\_\_

(98) Other Hybrid (specify): \_\_\_\_\_

(99) Unknown fuel type

44. Is This Vehicle Equipped With More Than Two Fuel Tanks? 0

(0) No (one or two tanks only)

*Yes - More Than Two Tanks*(1) Yes -- no damage to any tank or filler cap and no fuel system leakage(2) Yes -- no damage to any tank or filler cap but there is fuel system leakage (specify leakage location): \_\_\_\_\_(3) Yes -- damage to an additional tank or filler cap and there is fuel system leakage (specify the following):

Type of tank \_\_\_\_\_

Tank location \_\_\_\_\_

Filler cap location \_\_\_\_\_

Tank damage \_\_\_\_\_

Location of leakage \_\_\_\_\_

Type of fuel \_\_\_\_\_

(9) Unknown if more than two tanks

**COMMENTS**

\*\*\* STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED AND WAS NOT AN AOPS \*\*\*  
 (I.E., GV09=0 OR 9 AND GV36=0), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## INTERIOR VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

2. Case Number - Stratum

073D

3. Vehicle Number

02

### INTEGRITY

4. Passenger Compartment Integrity

00

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (back door)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window (backlight)

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window (side window and backlight)

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

### Door, Tailgate or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09  $\neq$  2, Then code 0

10. LF 0 11. RF 0 12. LR 0 13. RR 0 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

### GLAZING

#### Glazing Damage from Impact Forces

15. WS 2 16. LF 0 17. RF 0 18. LR 0 19. RR 0  
20. BL 0 21. Roof 0 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

#### Glazing Damage from Occupant Contact

23. WS 1 24. LF 0 25. RF 0 26. LR 0 27. RR 0  
28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage *And* No Occupant Contact or No Glazing, Then Code IV31 Through IV46 As 0

#### Type of Window/Windshield Glazing

31. WS 1 32. LF 0 33. RF 0 34. LR 0 35. RR 0  
36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

#### Window Precrash Glazing Status

39. WS 1 40. LF 0 41. RF 0 42. LR 0 43. RR 0  
44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

(2) Closed

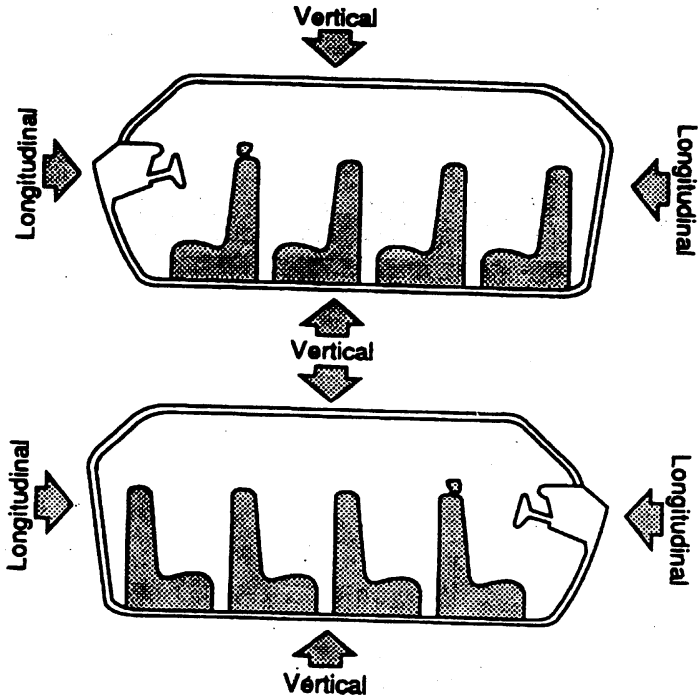
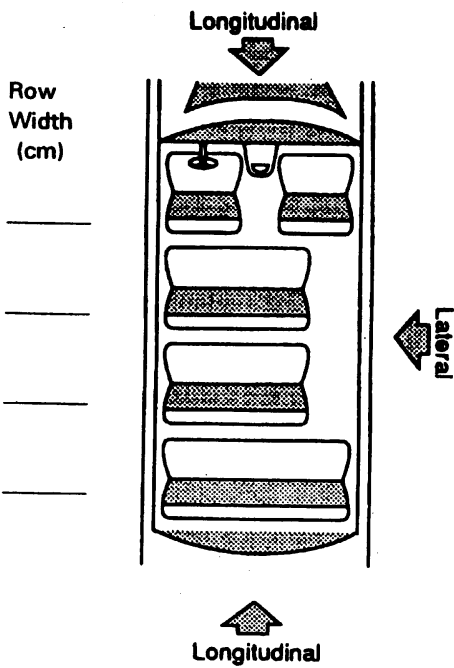
(3) Partially opened

(4) Fully opened

(9) Unknown

# INTRUSION WORKSHEET

Note: Sketch intruded areas



LOCATION OF INTRUSION	INTRUDED COMPONENT	(All Measurements Are In Centimeters)			INTRUSION	DOMINANT CRUSH DIRECTION
		COMPARISON VALUE	INTRUDED VALUE	=		
		—		=		
		—		=		
	none visible	—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		
		—		=		

Document no more than the 15 most severe intrusions

**OCCUPANT AREA INTRUSION**

Note: If no intrusions, leave variables IV47-IV86 blank.

	Location of Intrusion	Intruding Component	Magnitude of Intrusion	Dominant Crush Direction
1st	47. _____	48. <u>none visible</u>	49. _____	50. _____
2nd	51. _____	52. _____	53. _____	54. _____
3rd	55. _____	56. _____	57. _____	58. _____
4th	59. _____	60. _____	61. _____	62. _____
5th	63. _____	64. _____	65. _____	66. _____
6th	67. _____	68. _____	69. _____	70. _____
7th	71. _____	72. _____	73. _____	74. _____
8th	75. _____	76. _____	77. _____	78. _____
9th	79. _____	80. _____	81. _____	82. _____
10th	83. _____	84. _____	85. _____	86. _____

**LOCATION OF INTRUSION****Front Seat**

- (11) Left  
(12) Middle  
(13) Right

**Second Seat**

- (21) Left  
(22) Middle  
(23) Right

**Third Seat**

- (31) Left  
(32) Middle  
(33) Right

**Fourth Seat**

- (41) Left  
(42) Middle  
(43) Right

- (97) Catastrophic  
(98) Other enclosed area (specify) \_\_\_\_\_

- (99) Unknown

**INTRUDING COMPONENT***Interior Components*

- (01) Steering assembly  
(02) Instrument panel left  
(03) Instrument panel center  
(04) Instrument panel right  
(05) Toe pan  
(06) A (A1/A2)-pillar  
(07) B-pillar  
(08) C-pillar  
(09) D-pillar  
(10) Door panel (side)  
(12) Roof (or convertible top)  
(13) Roof side rail  
(14) Windshield  
(15) Windshield header  
(16) Window frame  
(17) Floor pan (includes sill)  
(18) Backlight header  
(19) Front seat back  
(20) Second seat back  
(21) Third seat back  
(22) Fourth seat back  
(23) Fifth seat back  
(24) Seat cushion  
(25) Back door/panel (e.g., tailgate)  
(26) Other interior component (specify): \_\_\_\_\_

- (27) Side panel - forward of the A (A2)-pillar  
(28) Side panel - rear of the A (A2)-pillar

*Exterior Components*

- (30) Hood  
(31) Outside surface of this vehicle (specify): \_\_\_\_\_  
(32) Other exterior object in the environment (specify): \_\_\_\_\_  
(33) Unknown exterior object  
(97) Catastrophic  
(98) Intrusion of unlisted component(s) (specify): \_\_\_\_\_  
(99) Unknown

**MAGNITUDE OF INTRUSION**

- (1)  $\geq 3$  centimeters but  $< 8$  centimeters  
(2)  $\geq 8$  centimeters but  $< 15$  centimeters  
(3)  $\geq 15$  centimeters but  $< 30$  centimeters  
(4)  $\geq 30$  centimeters but  $< 46$  centimeters  
(5)  $\geq 46$  centimeters but  $< 61$  centimeters  
(6)  $\geq 61$  centimeters  
(7) Catastrophic  
(9) Unknown

**DOMINANT CRUSH DIRECTION**

- (1) Vertical  
(2) Longitudinal  
(3) Lateral  
(7) Catastrophic  
(9) Unknown

## STEERING RIM/SPOKE DEFORMATION

(All Measurements Are in Centimeters)

COMPARISON VALUE	—	DAMAGE VALUE	=	DEFORMATION
------------------	---	--------------	---	-------------

0	—	0	=	0
---	---	---	---	---

0	—	0	=	0
---	---	---	---	---

0	—	0	=	0
---	---	---	---	---

0	—	0	=	0
---	---	---	---	---

## National Accident Sampling System-Crashworthiness Data System: Interior Vehicle Form

Page 3

**STEERING COLUMN**

## 87. Steering Column Type

- (1) Fixed column  
 (2) Tilt column  
 (3) Telescoping column  
 (4) Tilt and telescoping column  
 (8) Other column type (specify):  
 (9) Unknown

1

## 88. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X

## 89. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 90. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 91. Blank

(This variable is left blank so that numbering consistency can be maintained with the 1988-94 CDS.

X X X

## 92. Steering Rim/Spoke Deformation

- Code actual measured deformation to the nearest centimeter  
 (00) No steering rim deformation  
 (01-14) Actual measured value in centimeters  
 (15) 15 centimeters or more  
 (98) Observed deformation cannot be measured  
 (99) Unknown

00

## 93. Location of Steering Rim/Spoke Deformation

- (00) No steering rim deformation

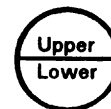
## Quarter Sections

- (01) Section A  
 (02) Section B  
 (03) Section C  
 (04) Section D



## Half Sections

- (05) Upper half of rim/spoke  
 (06) Lower half of rim/spoke  
 (07) Left half of rim/spoke  
 (08) Right half of rim/spoke



- (09) Complete steering wheel collapse  
 (10) Undetermined location  
 (99) Unknown

**INSTRUMENT PANEL**

## 94. Odometer Reading

500,000

kilometers—Code to the nearest 1,000 kilometers

- (000) No odometer  
 (001) Less than 1,500 kilometers  
 (500) 499,500 kilometers or more  
 (999) Unknown

174633 miles X 1.6093 = 2805 kilometers

Source:

## 95. Instrument Panel Damage from Occupant Contact?

- (0) No  
 (1) Yes  
 (9) Unknown

1

## 96. Knee Bolsters Deformed from Occupant Contact?

- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

8

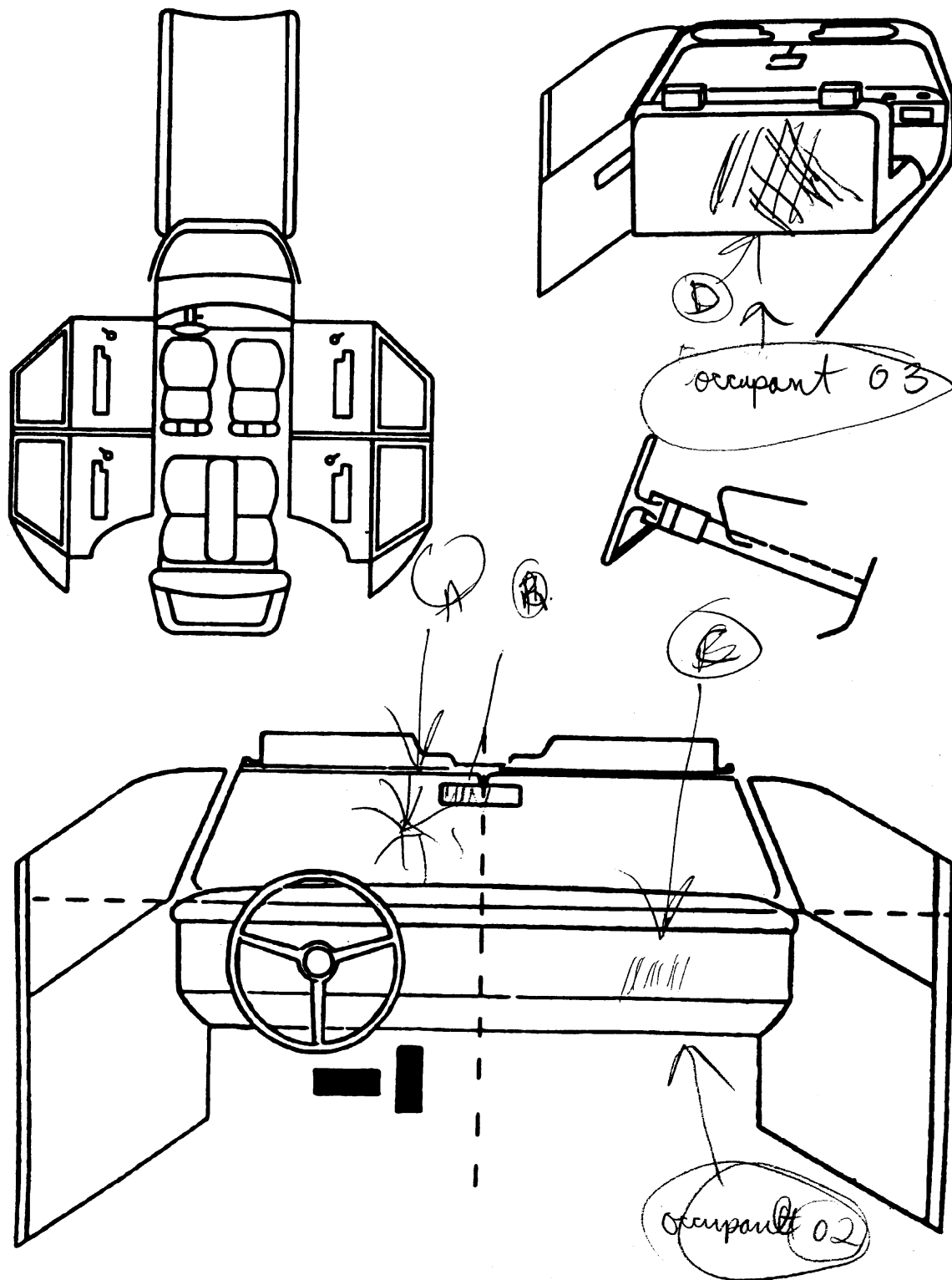
## 97. Did Glove Compartment Door Open During Collision(s)?

- (0) No  
 (1) Yes  
 (8) Not present  
 (9) Unknown

0

## VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).  
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.  
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

## POINTS OF OCCUPANT CONTACT

Contact	Interior Component Contacted	Occupant No. If Known	Body Region If Known	Supporting Physical Evidence	Confidence Level of Contact Point
A	01	01	POSSIBLE HAND/HEAD	FX	1
B	02	01	POSSIBLE HAND/HEAD	out of place	2
C	11	02	UPPER TORSO	deformed	1
D	40	03	UPPER TORSO	deformed	1
E					
F					
G					
H					
I					
J					
K					
L					
M					
N					

## CODES FOR INTERIOR COMPONENTS

## FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

## LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar

- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_
- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_
- (28) Left side window sill

## RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_
- (38) Right side window sill

## INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)

- (46) Other occupants (specify): \_\_\_\_\_

- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_

- (49) Other interior object (specify): \_\_\_\_\_

## ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

## FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

## REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

## CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown



## AUTOMATIC RESTRAINTS

**NOTES:** Encode the data for each applicable front seat position. The attribute for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

### AIR BAGS

		Left	Right
F I R S T	Availability/Function	0	0
	Deployment	0	0
	Failure	0	0

#### Air Bag System Availability/Function

- (0) Not equipped/not available  
(1) Air bag

#### Non-functional

- (2) Air bag disconnected (specify): \_\_\_\_\_

- (3) Air bag not reinstalled  
(9) Unknown

#### Air Bag System Deployment

- (0) Not equipped/not available  
(1) Air bag deployed during accident (as a result of impact)  
(2) Air bag deployed inadvertently just prior to accident  
(3) Air bag deployed, accident sequence undetermined  
(4) Nondeployed  
(5) Unknown if deployed  
(6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)  
(9) Unknown

#### Are There Indications of Air Bag System Failure?

- (0) Not equipped/not available  
(1) No  
(2) Yes (specify): \_\_\_\_\_  
(9) Unknown

### AUTOMATIC BELTS

		Left	Right
F I R S T	Availability/Function	0	0
	Use	0	0
	Type	0	0
	Proper Use	0	0
	Failure Modes	0	0

#### Automatic (Passive) Belt System Availability/Function

- (0) Not equipped/not available  
(1) 2 point automatic belts  
(2) 3 point automatic belts  
(3) Automatic belts - type unknown

#### Non-functional

- (4) Automatic belts destroyed or rendered inoperative  
(9) Unknown

#### Automatic (Passive) Belt System Use

- (0) Not equipped/not available/destroyed or rendered inoperative  
(1) Automatic belt in use  
(2) Automatic belt not in use (manually disconnected, motorized track inoperative)  
(3) Automatic belt use unknown  
(9) Unknown

#### Automatic (Passive) Belt System Type

- (0) Not equipped/not available  
(1) Non-motorized system  
(2) Motorized system  
(9) Unknown

#### Proper Use of Automatic (Passive) Belt System

- (0) Not equipped/not available/not used  
(1) Automatic belt used properly  
(2) Automatic belt used properly with child safety seat

#### Automatic Belt Used Improperly

- (3) Automatic shoulder belt worn under arm  
(4) Automatic shoulder belt worn behind back  
(5) Automatic belt worn around more than one person  
(6) Lap portion of automatic belt worn on abdomen  
(7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_  
(8) Other improper use of automatic belt system (specify): \_\_\_\_\_  
(9) Unknown

#### Automatic (Passive) Belt Failure Modes During Accident

- (0) Not equipped/not available/not in use  
(1) No automatic belt failure(s)  
(2) Torn webbing (stretched webbing not included)  
(3) Broken buckle or latchplate  
(4) Upper anchorage separated  
(5) Other anchorage separated (specify): \_\_\_\_\_  
(6) Broken retractor  
(7) Combination of above (specify): \_\_\_\_\_  
(8) Other automatic belt failure (specify): \_\_\_\_\_  
(9) Unknown

## MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attribute for the variable may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a Child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

		Left	Center	Right
FIRST	Availability	4	3	4
	Evidence of usage	04	03	04
	Used in this crash?	0	0	00
	Proper Use	0	0	0
	Failure Modes	0	0	0
SECOND	Availability	3	3	3
	Evidence of usage	03	03	03
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0
OTHER	Availability	0	0	0
	Evidence of usage	0	0	0
	Used in this crash?	0	0	0
	Proper Use	0	0	0
	Failure Modes	0	0	0

## Manual (Active) Belt System Availability

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available - type unknown

## Integral Belt Partially Destroyed

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify):

(9) Unknown

## Proper Use of Manual (Active) Belts

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

## Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify):

(8) Other improper use of manual belt system (specify):

(9) Unknown

## Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperable (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used - type unknown
- (08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat - type unknown
- (18) Other belt used with child safety seat (specify):
- (99) Unknown if belt used

## Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

(6) Broken retractor

(7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

## CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

Occupant Number	0	0	0	0	0	0
1. Type of Child Safety Seat	0	0	0	0	0	0
2. Child Safety Seat Orientation	0	0	0	0	0	0
3. Child Safety Seat Harness Usage	0	0	0	0	0	0
4. Child Safety Seat Shield Usage	0	0	0	0	0	0
5. Child Safety Seat Tether Usage	0	0	0	0	0	0
6. Child Safety Seat Make/Model	Specify Below for Each Child Safety Seat					

### 1. Type of Child Safety Seat

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
- (9) Unknown if child safety seat used

### 2. Child Safety Seat Orientation

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

- (09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

- (19) Unknown orientation

Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

- (29) Unknown orientation

- (99) Unknown if child safety seat used

### 3. Child Safety Seat Harness Usage

### 4. Child Safety Seat Shield Usage

### 5. Child Safety Seat Tether Usage

Note: Options Below Are Used for Variables 3-5.

- (00) No child safety seat

Not Designed with Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed With Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed With Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

- (99) Unknown if child safety seat used

### 6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

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## HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attribute for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

		Left	Center	Right
F I R S T	Head Restraint Type/Damage	3	0	3
	Seat Type	03	03	03
	Seat Performance	1	5	5
	Seat Orientation	1	1	1
S E C O N D	Head Restraint Type/Damage	0	0	0
	Seat Type	03	03	03
	Seat Performance	1	1	1
	Seat Orientation	1	1	1
T H I R D	Head Restraint Type/Damage	0	0	0
	Seat Type	0	0	0
	Seat Performance	0	0	0
	Seat Orientation	0	0	0
O T H E R	Head Restraint Type/Damage	0	0	0
	Seat Type	0	0	0
	Seat Performance	0	0	0
	Seat Orientation	0	0	0

## Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other Specify: \_\_\_\_\_

- (9) Unknown

## Seat Type (this Occupant Position)

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_

- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## Seat Performance (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed specify: \_\_\_\_\_
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

- (7) Combination of above (specify): \_\_\_\_\_

- (8) Other (specify): \_\_\_\_\_

- (9) Unknown

## Seat Orientation (this Occupant Position)

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E., UNUSUAL OCCUPANT CONTACT PATTERN)

**EJECTION/ENTRAPMENT DATA**

Complete the following if the researcher has any indication that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

**EJECTION** No ☒ Yes ☐

Describe indications of ejection and body parts involved in partial ejection(s):

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Occupant Number						
Ejection						
(Note on Vehicle Interior Sketch) Ejection Area						
Ejection Medium						
Medium Status						

**Ejection**

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, Unknown degree
- (9) Unknown

**Ejection Area**

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

**(7) Roof**

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown

**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

**(5) Integral structure**

- (8) Other medium (specify):

(9) Unknown

**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

**ENTRAPMENT** No ☒ Yes ☐

Describe entrapment mechanism:

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Component(s):

(Note in vehicle interior diagram)



# OCCUPANT ASSESSMENT FORM

BEST AVAILABLE

Form Approved  
O.M.B. No. 2127-0021

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>03</u>
2. Case Number - Stratum	<u>073C</u>
3. Vehicle Number	<u>02</u>
4. Occupant Number	<u>01</u>

## OCCUPANT'S CHARACTERISTICS

5. Occupant's Age	<u>28</u>
Code actual age at time of accident.	
(00) Less than one year old (specify by month):	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex	<u>1</u>
(1) Male	
(2) Female	
(9) Unknown	
7. Occupant's Height	<u>170</u>
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>67</u> inches X 2.54 = <u>170</u> centimeters	
8. Occupant's Weight	<u>104</u>
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>230</u> pounds X .4536 = <u>104</u> kilograms	
9. Occupant's Role	<u>1</u>
(1) Driver	
(2) Passenger	
(9) Unknown	

## OCCUPANT'S SEATING

10. Occupant's Seat Position	<u>1</u> <u>1</u>
<i>Front Seat</i>	
(11) Left side	
(12) Middle	
(13) Right side	
(14) Other (specify):	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify):	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify):	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify):	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify):	
(99) Unknown	
11. Occupant's Posture	<u>0</u>
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify):	
(9) Unknown	

## EJECTION/ENTRAPMENT

12. Ejection 0

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

13. Ejection Area 0

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

14. Ejection Medium 0

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

15. Medium Status (Immediately Prior To Impact) 0

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

16. Entrapment 0

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): \_\_\_\_\_

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): \_\_\_\_\_
- (99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_



## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position B

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position) 03

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

## INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 3

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 2

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay 07

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 99

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

## STOP - GO TO VARIABLE 44 ON PAGE 7

## VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER

39. Time to Death 00

- \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_
- (97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_
- (99) Unknown

43. Number of Recorded Injuries for This Occupant 02

- \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM****44. Automatic (Passive) Belt System Availability/Function**

- (0) Not equipped/not available  
 (1) 2 point automatic belts  
 (2) 3 point automatic belts  
 (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative  
 (9) Unknown

**45. Automatic (Passive) Belt System Use**

- (0) Not equipped/not available/destroyed or rendered inoperative  
 (1) Automatic belt in use  
 (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify):  
 \_\_\_\_\_

- (3) Automatic belt use unknown  
 (9) Unknown

**46. Automatic (Passive) Belt System Type**

- (0) Not equipped/not available  
 (1) Non-motorized system  
 (2) Motorized system  
 (9) Unknown

**47. Proper Use of Automatic (Passive) Belt System**

- (0) Not equipped/not available/not used  
 (1) Automatic belt used properly  
 (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm  
 (4) Automatic shoulder belt worn behind back  
 (5) Automatic belt worn around more than one person  
 (6) Lap portion of automatic belt worn on abdomen  
 (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify):  
 \_\_\_\_\_

- (8) Other improper use of automatic belt system (specify):  
 \_\_\_\_\_

- (9) Unknown

**48. Automatic (Passive) Belt Failure Modes During Accident**

- (0) Not equipped/not available/not in use  
 (1) No automatic belt failure(s)  
 (2) Torn webbing (stretched webbing not included)  
 (3) Broken buckle or latchplate  
 (4) Upper anchorage separated  
 (5) Other anchorage separated (specify):  
 \_\_\_\_\_

- (6) Broken retractor  
 (7) Combination of above (specify):  
 (8) Other automatic belt failure (specify):  
 \_\_\_\_\_

- (9) Unknown

**49. Seat Orientation (this Occupant Position)**

- (0) Occupant not seated or no seat  
 (1) Forward facing seat  
 (2) Rear facing seat  
 (3) Side facing seat (inward)  
 (4) Side facing seat (outward)  
 (8) Other (specify):  
 \_\_\_\_\_

- (9) Unknown

**Check the Primary Source Used In Determining Belt Use.**

- [ ] Not equipped/not available/destroyed or rendered inoperative  
 [ ] Vehicle inspection  
 [ ] Official injury data  
 [ ] Driver/occupant interview  
 [ ] Other (specify):  
 \_\_\_\_\_

- [ ] Unknown if belt used  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
 WITH INITIAL SUBMISSION?

NO ☒ YES [ ]

UPDATE CANDIDATE?

NO [ ] YES ☒

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 02  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured
51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  01  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



U.S. Department of Transportation

National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

3. Vehicle Number

02

2. Case Number - Stratum

073C

4. Occupant Number

01

## INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90

Source  
of Injury  
DataBody  
RegionType of  
Anatomic  
StructureSpecific  
Anatomic  
StructureLevel of  
InjuryA.I.S.  
Severity

Aspect

Injury  
SourceInjury  
Source  
Confidence  
LevelDirect/  
Indirect  
InjuryOccupant  
Area  
Intrusion  
Number5. 3 6. 4 7. 5 8. 08 9. 04 10. 2 11. 4 12. 06 13. 3 14. 1 15. 0016. 7 17. 4 18. 9 19. 04 20. 02 21. 1 22. 4 23. 06 24. 3 25. 1 26. 00

27. \_\_\_ 28. \_\_\_ 29. \_\_\_ 30. \_\_\_ 31. \_\_\_ 32. \_\_\_ 33. \_\_\_ 34. \_\_\_ 35. \_\_\_ 36. \_\_\_ 37. \_\_\_

38. \_\_\_ 39. \_\_\_ 40. \_\_\_ 41. \_\_\_ 42. \_\_\_ 43. \_\_\_ 44. \_\_\_ 45. \_\_\_ 46. \_\_\_ 47. \_\_\_ 48. \_\_\_

49. \_\_\_ 50. \_\_\_ 51. \_\_\_ 52. \_\_\_ 53. \_\_\_ 54. \_\_\_ 55. \_\_\_ 56. \_\_\_ 57. \_\_\_ 58. \_\_\_ 59. \_\_\_

60. \_\_\_ 61. \_\_\_ 62. \_\_\_ 63. \_\_\_ 64. \_\_\_ 65. \_\_\_ 66. \_\_\_ 67. \_\_\_ 68. \_\_\_ 69. \_\_\_ 70. \_\_\_

71. \_\_\_ 72. \_\_\_ 73. \_\_\_ 74. \_\_\_ 75. \_\_\_ 76. \_\_\_ 77. \_\_\_ 78. \_\_\_ 79. \_\_\_ 80. \_\_\_ 81. \_\_\_

82. \_\_\_ 83. \_\_\_ 84. \_\_\_ 85. \_\_\_ 86. \_\_\_ 87. \_\_\_ 88. \_\_\_ 89. \_\_\_ 90. \_\_\_ 91. \_\_\_ 92. \_\_\_

93. \_\_\_ 94. \_\_\_ 95. \_\_\_ 96. \_\_\_ 97. \_\_\_ 98. \_\_\_ 99. \_\_\_ 100. \_\_\_ 101. \_\_\_ 102. \_\_\_ 103. \_\_\_

104. \_\_\_ 105. \_\_\_ 106. \_\_\_ 107. \_\_\_ 108. \_\_\_ 109. \_\_\_ 110. \_\_\_ 111. \_\_\_ 112. \_\_\_ 113. \_\_\_ 114. \_\_\_

## A.I.S. - 90

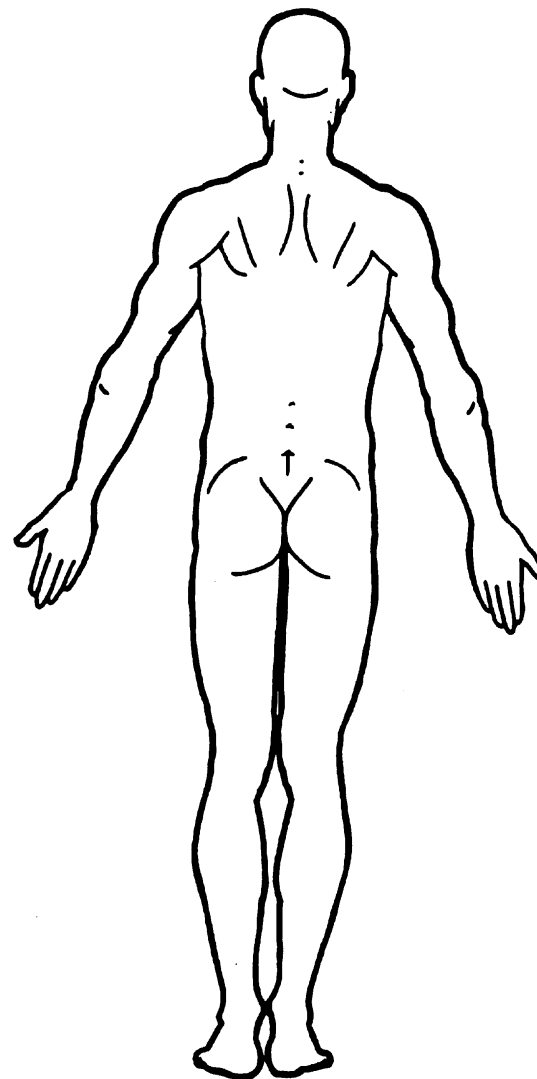
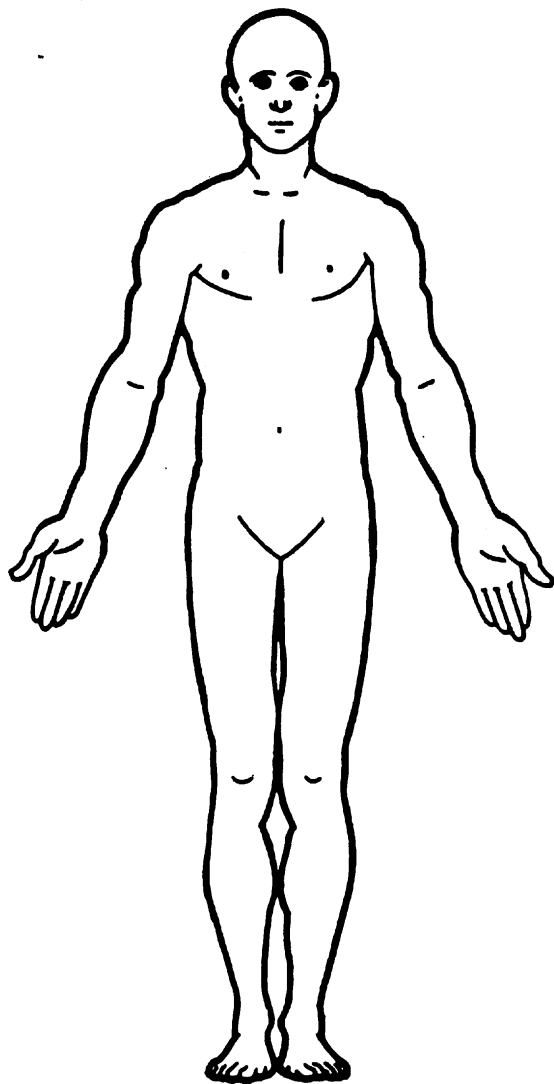
	Source of Injury Data	Body Region	Type of Anatomic Structure	A.I.S. - 90			Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
				Specific Anatomic Structure	Level of Injury	A.I.S. Severity					
11th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
12th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
13th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
14th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
15th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
16th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
17th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
18th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
19th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
20th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
21st	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
22nd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
23rd	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
24th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —
25th	—	—	—	— — —	— — —	—	—	— — —	—	—	— — —

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

ER: NO LOSS OF CONSCIOUSNESS

ER: PT STATES SUDDEN DECELERATION  
HIT WINDSHIELD & STEERING WHEEL





## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,  
Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

ER:

# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☐ No

☒ Yes

Blood Alcohol  
Level (mg/dl)

BAL =

Glasgow Coma  
Scale Score

GCSS =

Units of Blood  
Given

Units =

Arterial Blood  
Gases

pH =

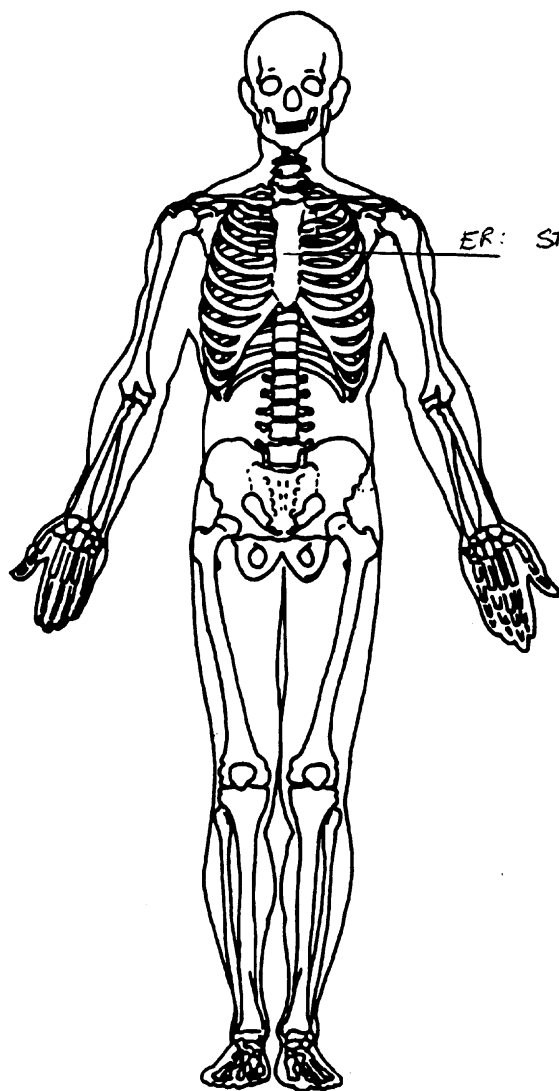
PO<sub>2</sub> =

PCO<sub>2</sub>

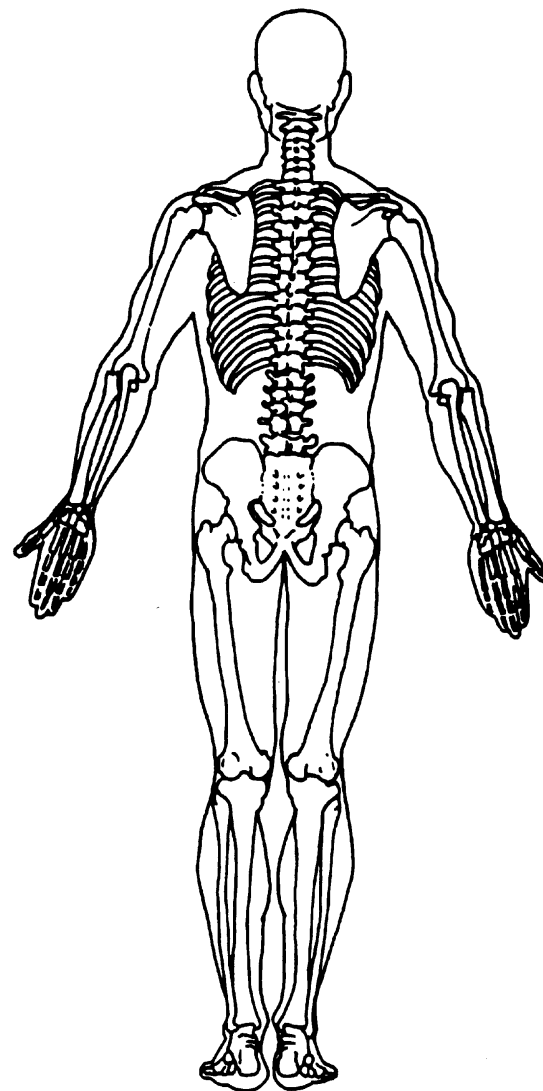
HCO<sub>3</sub>

NOT RECORDED

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)

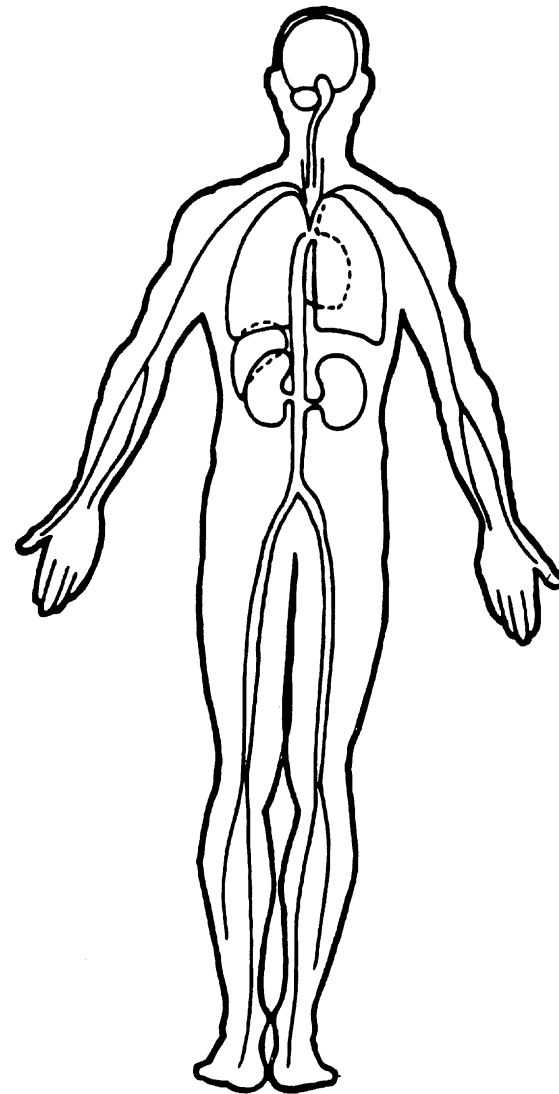
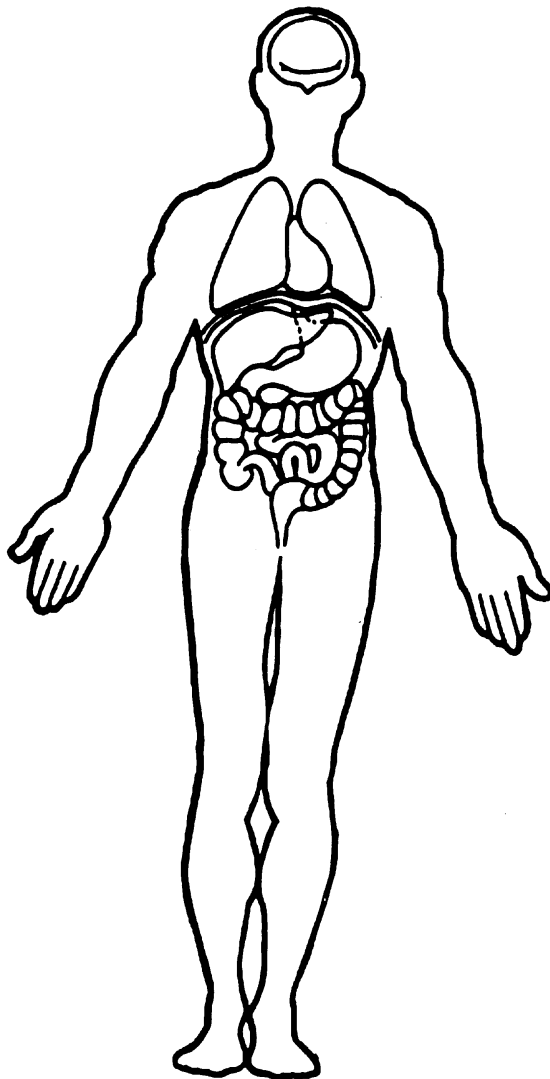


ER: STERNUM Fx



## OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## UPDATE FORM

1. Primary Sampling Unit Number	<u>03</u>	Driver or Occupant Name: _____
2. Case Number — Stratum	<u>073C</u>	Address: _____
3. Vehicle Number	<u>02</u>	_____
4. Occupant Number	<u>01</u>	Other Information: _____
(Sanitize this section prior to Update submission.)		

### STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	<u>[REDACTED]</u>	<u>94</u>
OAL09. Date Official Medical Data Obtained	<u>[REDACTED]</u>	<u>94</u>
OAL16. Injury Treatment Status	<u>4</u>	_____
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	<u>B</u>	_____
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>	_____
c. Admission record/summary or admission/discharge face sheet	<u>B</u>	<u>11</u>
d. Discharge summary	<u>B</u>	<u>11</u>
e. Operative report	<u>B</u>	_____
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u>	_____
g. History and physical examination and/or consultation records	<u>B</u>	_____
h. Emergency room records (includes nurses' notes)	<u>B</u>	<u>11</u>
j. Private physician	<u>B</u>	_____
<u>Unofficial</u>		
k. Lay coroner	<u>B</u>	_____
l. EMS record	<u>B</u>	_____
m. Interviewee	<u>B</u>	<u>11</u>
n. Other source (specify): _____	<u>B</u>	<u>B</u>
o. Police report	<u>B</u>	<u>11</u>
<u>[REDACTED] = 5</u>		



## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number

03

2. Case Number - Stratum

073C

3. Vehicle Number

02

4. Occupant Number

02

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age

28

Code actual age at time of accident.

(00) Less than one year old (specify by month):

(97) 97 years and older

(99) Unknown

6. Occupant's Sex

(1) Male

(2) Female

(9) Unknown

7. Occupant's Height

170

Code actual height to the nearest  
centimeter.

(999) Unknown

67 inches X 2.54 = 170 centimeters

8. Occupant's Weight

077

Code actual weight to the nearest  
kilogram.

(999) Unknown

170 pounds X .4536 = 077 kilograms

9. Occupant's Role

(1) Driver

(2) Passenger

(9) Unknown

### OCCUPANT'S SEATING

10. Occupant's Seat Position

13

*Front Seat*

(11) Left side

(12) Middle

(13) Right side

(14) Other (specify):

(15) On or in the lap of another occupant

*Second Seat*

(21) Left side

(22) Middle

(23) Right side

(24) Other (specify):

(25) On or in the lap of another occupant

*Third Seat*

(31) Left side

(32) Middle

(33) Right side

(34) Other (specify):

(35) On or in the lap of another occupant

*Fourth Seat*

(41) Left side

(42) Middle

(43) Right side

(44) Other (specify):

(45) On or in the lap of another occupant

(97) In or on unenclosed area

(98) Other seat (specify):

(99) Unknown

11. Occupant's Posture

0

(0) Normal posture

*Abnormal posture*

(1) Kneeling or standing on seat

(2) Lying on or across seat

(3) Kneeling, standing or sitting in front of seat

(4) Sitting sideways or turned to talk with another  
occupant or to look out a rear window

(5) Sitting on a console

(6) Lying back in a reclined seat position

(7) Bracing with feet or hands on a surface in front  
of seat

(8) Other abnormal posture (specify):

(9) Unknown

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

0

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_
- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

0

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

0

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 4

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

26. Seat Type (this Occupant Position)

03

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

27. Seat Performance (this Occupant Position)

5

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant *R seat back*
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other (specify): \_\_\_\_\_

(9) Unknown



## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000

(000) No child safety seat

Applicable codes are found in your NASS CDS

Data Collection, Coding and Editing

(950) Built-in child safety seat

(997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

(0) No child safety seat

(1) Infant seat

(2) Toddler seat

(3) Convertible seat

(4) Booster seat

(7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

(00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing

(02) Forward facing

(08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing

(12) Forward facing

(18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing

(22) Forward facing

(28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 0032. Child Safety Seat Shield Usage 0033. Child Safety Seat Tether Usage 00

Note: Options below applicable to Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 0

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 0

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60) that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 0 0

- \_\_\_\_\_ Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE COMPLETED BY THE ZONE CENTER**39. Time to Death 0 0

- \_\_\_\_\_ Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- \_\_\_\_\_ Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific injuries are not linked to cause of death. (specify):  
\_\_\_\_\_
- (97) Other result (includes fatal ruled disease) (specify):  
\_\_\_\_\_
- (99) Unknown

43. Number of Recorded Injuries for This Occupant 0 1

- \_\_\_\_\_ Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

**AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive) Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative
- [ ] Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify): \_\_\_\_\_
- [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED WITH INITIAL SUBMISSION?

NO ☒

YES [ ]

UPDATE CANDIDATE?

NO ☒

YES [ ]

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 01  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured

51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given

52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  01  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number 03

3. Vehicle Number 02

2. Case Number - Stratum 073C

4. Occupant Number 02

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

A.I.S. - 90

Source of Injury Data	Body Region	Type of Anatomical Structure	Specific Anatomical Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/Indirect Injury	Occupant Area Intrusion Number
-----------------------	-------------	------------------------------	-------------------------------	-----------------	-----------------	--------	---------------	--------------------------------	------------------------	--------------------------------

1st *Elbow bruise* 5. 7 6. 7 7. 9 8. 04 9. 02 10. 1 11. 1 12. 11 13. 2 14. 1 15. 00

2nd 16. \_\_\_ 17. \_\_\_ 18. \_\_\_ 19. \_\_\_ 20. \_\_\_ 21. \_\_\_ 22. \_\_\_ 23. \_\_\_ 24. \_\_\_ 25. \_\_\_ 26. \_\_\_

3rd 27. \_\_\_ 28. \_\_\_ 29. \_\_\_ 30. \_\_\_ 31. \_\_\_ 32. \_\_\_ 33. \_\_\_ 34. \_\_\_ 35. \_\_\_ 36. \_\_\_ 37. \_\_\_

4th 38. \_\_\_ 39. \_\_\_ 40. \_\_\_ 41. \_\_\_ 42. \_\_\_ 43. \_\_\_ 44. \_\_\_ 45. \_\_\_ 46. \_\_\_ 47. \_\_\_ 48. \_\_\_

5th 49. \_\_\_ 50. \_\_\_ 51. \_\_\_ 52. \_\_\_ 53. \_\_\_ 54. \_\_\_ 55. \_\_\_ 56. \_\_\_ 57. \_\_\_ 58. \_\_\_ 59. \_\_\_

6th 60. \_\_\_ 61. \_\_\_ 62. \_\_\_ 63. \_\_\_ 64. \_\_\_ 65. \_\_\_ 66. \_\_\_ 67. \_\_\_ 68. \_\_\_ 69. \_\_\_ 70. \_\_\_

7th 71. \_\_\_ 72. \_\_\_ 73. \_\_\_ 74. \_\_\_ 75. \_\_\_ 76. \_\_\_ 77. \_\_\_ 78. \_\_\_ 79. \_\_\_ 80. \_\_\_ 81. \_\_\_

8th 82. \_\_\_ 83. \_\_\_ 84. \_\_\_ 85. \_\_\_ 86. \_\_\_ 87. \_\_\_ 88. \_\_\_ 89. \_\_\_ 90. \_\_\_ 91. \_\_\_ 92. \_\_\_

9th 93. \_\_\_ 94. \_\_\_ 95. \_\_\_ 96. \_\_\_ 97. \_\_\_ 98. \_\_\_ 99. \_\_\_ 100. \_\_\_ 101. \_\_\_ 102. \_\_\_ 103. \_\_\_

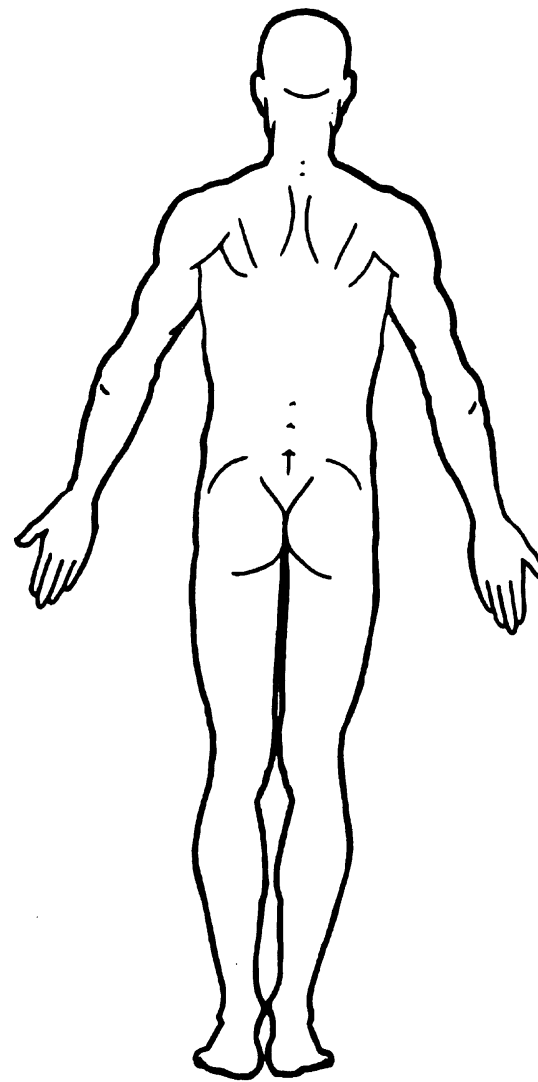
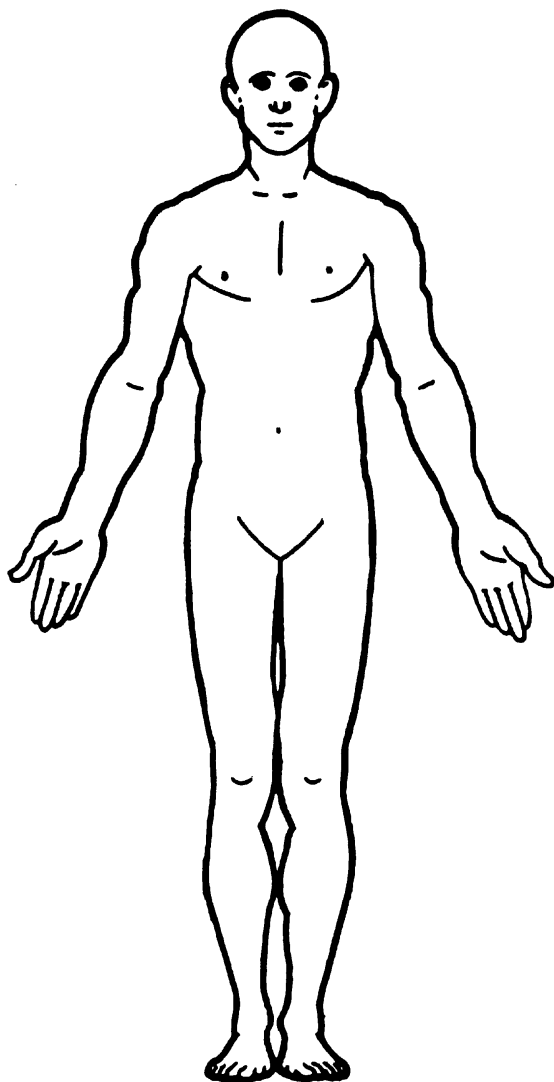
10th 104. \_\_\_ 105. \_\_\_ 106. \_\_\_ 107. \_\_\_ 108. \_\_\_ 109. \_\_\_ 110. \_\_\_ 111. \_\_\_ 112. \_\_\_ 113. \_\_\_ 114. \_\_\_

## OCCUPANT INJURY DATA

[illegible]

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones, Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region



# OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

\_\_\_ No

\_\_\_ Yes

Blood Alcohol  
Level (mg/dl)

BAL = \_\_\_

Glasgow Coma  
Scale Score

GCSS = \_\_\_

Units of Blood  
Given

Units = \_\_\_

Arterial Blood  
Gases

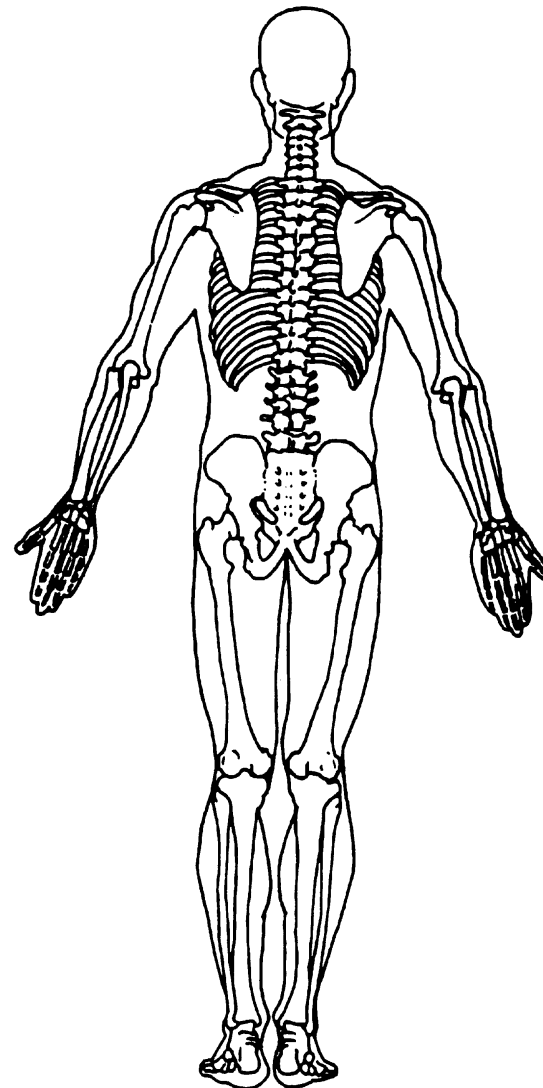
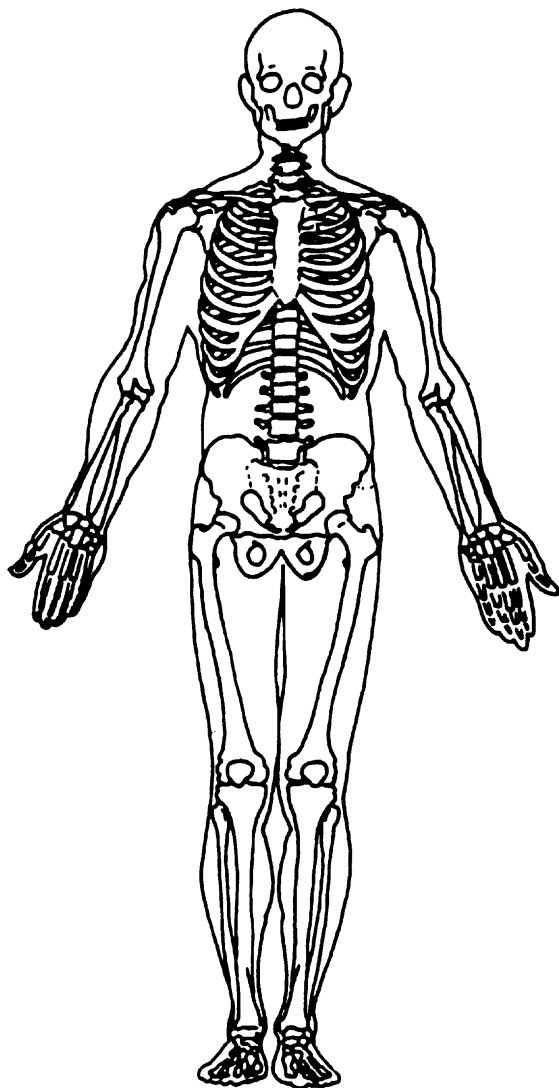
pH = \_\_\_

PO<sub>2</sub> = \_\_\_

PCO<sub>2</sub> \_\_\_

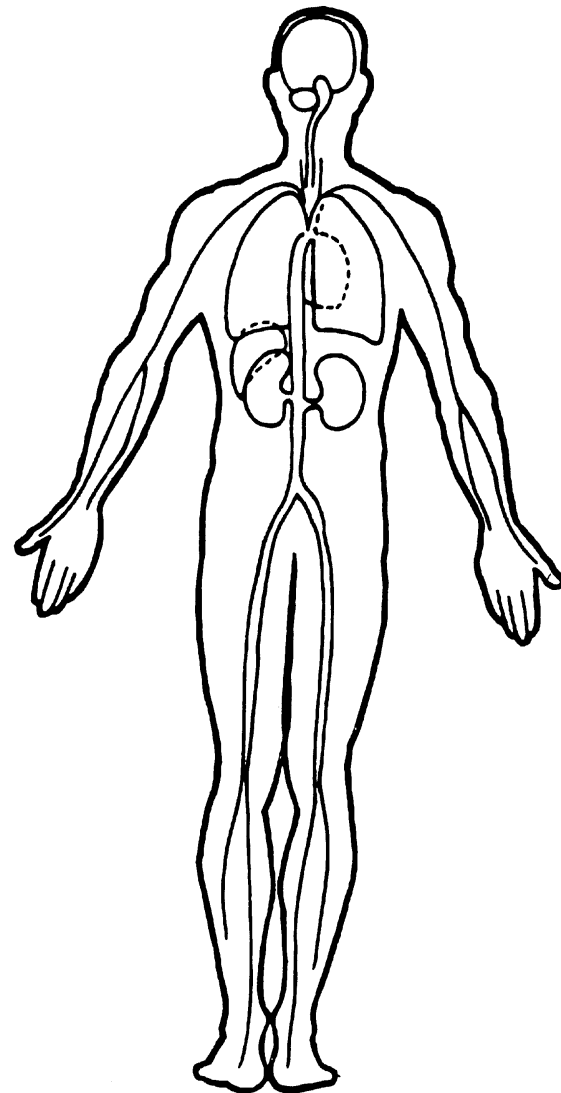
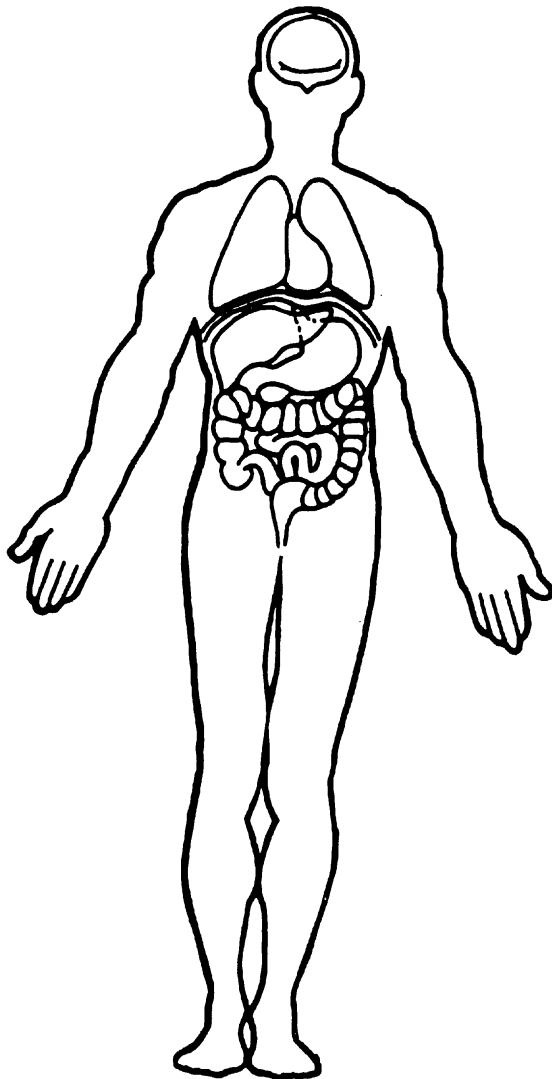
HCO<sub>3</sub> \_\_\_

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA —INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)





## OCCUPANT ASSESSMENT FORM

1. Primary Sampling Unit Number	<u>03</u>
2. Case Number - Stratum	<u>073C</u>
3. Vehicle Number	<u>02</u>
4. Occupant Number	<u>03</u>

### OCCUPANT'S CHARACTERISTICS

5. Occupant's Age	<u>66</u>
Code actual age at time of accident.	
(00) Less than one year old (specify by month):	
(97) 97 years and older	
(99) Unknown	
6. Occupant's Sex	<u>1</u>
(1) Male	
(2) Female	
(9) Unknown	
7. Occupant's Height	<u>168</u>
Code actual height to the nearest centimeter.	
(999) Unknown	
<u>66</u> inches X 2.54 = <u>167.6</u> centimeters	
8. Occupant's Weight	<u>079</u>
Code actual weight to the nearest kilogram.	
(999) Unknown	
<u>175</u> pounds X .4536 = <u>079</u> kilograms	
9. Occupant's Role	<u>2</u>
(1) Driver	
(2) Passenger	
(9) Unknown	

### OCCUPANT'S SEATING

10. Occupant's Seat Position	<u>22</u>
<i>Front Seat</i>	
(11) Left side	
(12) Middle	
(13) Right side	
(14) Other (specify):	
(15) On or in the lap of another occupant	
<i>Second Seat</i>	
(21) Left side	
(22) Middle	
(23) Right side	
(24) Other (specify):	
(25) On or in the lap of another occupant	
<i>Third Seat</i>	
(31) Left side	
(32) Middle	
(33) Right side	
(34) Other (specify):	
(35) On or in the lap of another occupant	
<i>Fourth Seat</i>	
(41) Left side	
(42) Middle	
(43) Right side	
(44) Other (specify):	
(45) On or in the lap of another occupant	
(97) In or on unenclosed area	
(98) Other seat (specify):	
(99) Unknown	
11. Occupant's Posture	<u>0</u>
(0) Normal posture	
<i>Abnormal posture</i>	
(1) Kneeling or standing on seat	
(2) Lying on or across seat	
(3) Kneeling, standing or sitting in front of seat	
(4) Sitting sideways or turned to talk with another occupant or to look out a rear window	
(5) Sitting on a console	
(6) Lying back in a reclined seat position	
(7) Bracing with feet or hands on a surface in front of seat	
(8) Other abnormal posture (specify):	
(9) Unknown	

## EJECTION/ENTRAPMENT

## 12. Ejection

- (0) No ejection
- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

0

## 13. Ejection Area

- (0) No ejection
- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear
- (7) Roof
- (8) Other area (e.g., back of pickup, etc.)  
(specify): \_\_\_\_\_
- (9) Unknown

0

## 14. Ejection Medium

- (0) No ejection
- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify): \_\_\_\_\_

- (5) Integral structure
- (8) Other medium (specify): \_\_\_\_\_
- (9) Unknown

0

## 15. Medium Status (Immediately Prior To Impact)

- (0) No ejection
- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

0

## 16. Entrapment

(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)

- (0) Not entrapped
- (1) Entrapped
- (9) Unknown

0

## RESTRAINT SYSTEM EVALUATION

17. Manual (Active) Belt System Availability 3

- (0) None available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown

*Integral Belt Partially Destroyed*

- (6) Shoulder belt (lap belt destroyed/removed)
- (7) Lap belt (shoulder belt destroyed/removed)

(8) Other belt (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

18. Manual (Active) Belt System Use 0 0

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): \_\_\_\_\_

(02) Shoulder belt \_\_\_\_\_

(03) Lap belt \_\_\_\_\_

(04) Lap and shoulder belt \_\_\_\_\_

(05) Belt used—type unknown \_\_\_\_\_

(08) Other belt used (specify): \_\_\_\_\_

(12) Shoulder belt used with child safety seat \_\_\_\_\_

(13) Lap belt used with child safety seat \_\_\_\_\_

(14) Lap and shoulder belt used with child safety seat \_\_\_\_\_

(15) Belt used with child safety seat—type unknown \_\_\_\_\_

(18) Other belt used with child safety seat (specify): \_\_\_\_\_

(99) Unknown if belt used \_\_\_\_\_

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

*Belt Used Improperly*

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_

(8) Other improper use of manual belt system (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_

(6) Broken retractor \_\_\_\_\_

(7) Combination of above (specify): \_\_\_\_\_

(8) Other manual belt failure (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

21. Air Bag System Availability/Function 0

- (0) Not equipped/not available
- (1) Air bag

*Non-functional*

(2) Air bag disconnected (specify): \_\_\_\_\_

(3) Air bag not reinstalled \_\_\_\_\_

(9) Unknown \_\_\_\_\_

22. Air Bag System Deployment 0

- (0) Not equipped/not available
- (1) Air bag deployed during accident (as a result of impact)
- (2) Air bag deployed inadvertently just prior to accident
- (3) Air bag deployed, accident sequence undetermined
- (4) Nondeployed
- (5) Unknown if deployed
- (6) Air bag deployed as a result of a noncollision event during accident sequence (e.g., fire, explosion, electrical)
- (9) Unknown

23. Are There Indications of Air Bag System Failure? 0

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): \_\_\_\_\_

(9) Unknown \_\_\_\_\_

Note: See Variables 44 through 48 (Page 5) for Information on Automatic Belts

24. Police Reported Restraint Use 0

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): \_\_\_\_\_

(8) Restrained, type unknown \_\_\_\_\_

(9) Police indicated "unknown" \_\_\_\_\_

## HEAD RESTRAINT AND SEAT EVALUATION

25. Head Restraint Type/Damage by Occupant  
at This Occupant Position0

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## 26. Seat Type (this Occupant Position)

03

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., column supported)
- (09) Other seat type (specify): \_\_\_\_\_
- (10) Box mounted seat (i.e., van type)
- (99) Unknown

## 27. Seat Performance (this Occupant Position)

1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks or "seat back" failed (specify): \_\_\_\_\_
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): \_\_\_\_\_
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## CHILD SAFETY SEAT

28. Child Safety Seat Make/Model 000  
 (000) No child safety seat  
 Applicable codes are found in your NASS CDS  
 Data Collection, Coding and Editing  
 (950) Built-in child safety seat  
 (997) Other make/model (specify):

(998) Unknown make/model  
 (999) Unknown if child safety seat used

29. Type of Child Safety Seat 0  
 (0) No child safety seat  
 (1) Infant seat  
 (2) Toddler seat  
 (3) Convertible seat  
 (4) Booster seat  
 (7) Other type child safety seat (specify):

(8) Unknown child safety seat type  
 (9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00  
 (00) No child safety seat

*Designed for Rear Facing for This Age/Weight*

(01) Rear facing  
 (02) Forward facing  
 (08) Other orientation (specify):

(09) Unknown orientation

*Designed For Forward Facing for This Age/Weight*

(11) Rear facing  
 (12) Forward facing  
 (18) Other orientation (specify):

(19) Unknown orientation

*Unknown Design or Orientation For This Age/Weight, or Unknown Age/Weight*

(21) Rear facing  
 (22) Forward facing  
 (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00

32. Child Safety Seat Shield Usage 00

33. Child Safety Seat Tether Usage 00

Note: Options below applicable to  
 Variables OA31-OA33.

(00) No child safety seat

*Not Designed With Harness/Shield/Tether*

(01) After market harness/shield/tether  
 added, not used  
 (02) After market harness/shield/tether used  
 (03) Child safety seat used, but no after market  
 harness/shield/tether added  
 (09) Unknown if harness/shield/tether  
 added or used

*Designed With Harness/Shield/Tether*

(11) Harness/shield/tether not used  
 (12) Harness/shield/tether used  
 (19) Unknown if harness/shield/tether used

*Unknown If Designed With Harness/Shield/Tether*

(21) Harness/shield/tether not used  
 (22) Harness/shield/tether used  
 (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

**INJURY CONSEQUENCES**34. Injury Severity (Police Rating) 1

- (0) O - No injury
- (1) C - Possible injury
- (2) B - Nonincapacitating injury
- (3) A - Incapacitating injury
- (4) K - Killed
- (5) U - Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment - Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal - ruled disease (specify):  
\_\_\_\_\_

*Nonfatal*

- (3) Hospitalization
- (4) Transported and released
- (5) Treatment at scene - nontransported
- (6) Treatment later
- (8) Treatment - other (specify):  
\_\_\_\_\_
- (9) Unknown

36. Type Of Medical Facility (for Initial Treatment) 1

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):  
\_\_\_\_\_
- (9) Unknown

37. Hospital Stay 0 0

- (00) Not Hospitalized
- \_\_\_\_\_ Code the number of days (up through 60)  
that the occupant stayed in hospital.
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- \_\_\_\_\_ Code the number of days  
(up through 60) that the occupant  
lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

**STOP - GO TO VARIABLE 44 ON PAGE 7****VARIABLES 39 THROUGH 43 ARE  
COMPLETED BY THE ZONE CENTER**39. Time to Death 0 0

- \_\_\_\_\_ Code number of hours from time of  
accident to time of death up through 24  
hours. If time of death is greater than 24  
hours, code number of days. (Note: 1 day =  
31, 2 days = 32, ... n days = 30 + n up  
through 30 days = 60)
- (00) Not fatal
- (96) Fatal - ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0 041. 2nd Medically Reported Cause of Death 0 042. 3rd Medically Reported Cause of Death 0 0

- \_\_\_\_\_ Code the Occupant Injury from line  
number(s) for the medically reported  
injury(s) which reportedly contributed to  
this occupant's death
- (00) Not fatal or no additional causes
- (96) Mode of death given but specific  
injuries are not linked to cause  
of death. (specify):  
\_\_\_\_\_

- (97) Other result (includes fatal ruled  
disease) (specify):  
\_\_\_\_\_

- (99) Unknown

43. Number of Recorded Injuries for  
This Occupant 0 2

- \_\_\_\_\_ Code the actual number of  
injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured



**AUTOMATIC BELT SYSTEM**44. Automatic (Passive) Belt System Availability/  
Function 0

- (0) Not equipped/not available
- (1) 2 point automatic belts
- (2) 3 point automatic belts
- (3) Automatic belts - type unknown

*Non-functional*

- (4) Automatic belts destroyed or rendered inoperative
- (9) Unknown

45. Automatic (Passive) Belt System Use 0

- (0) Not equipped/not available/destroyed or rendered inoperative
- (1) Automatic belt in use
- (2) Automatic belt not in use (manually disconnected, motorized track inoperative) (specify): \_\_\_\_\_
- (3) Automatic belt use unknown
- (9) Unknown

46. Automatic (Passive) Belt System Type 0

- (0) Not equipped/not available
- (1) Non-motorized system
- (2) Motorized system
- (9) Unknown

47. Proper Use of Automatic (Passive)  
Belt System 0

- (0) Not equipped/not available/not used
- (1) Automatic belt used properly
- (2) Automatic belt used properly with child safety seat

*Automatic Belt Used Improperly*

- (3) Automatic shoulder belt worn under arm
- (4) Automatic shoulder belt worn behind back
- (5) Automatic belt worn around more than one person
- (6) Lap portion of automatic belt worn on abdomen
- (7) Automatic lap and shoulder belt or automatic shoulder belt used improperly with child safety seat (specify): \_\_\_\_\_
- (8) Other improper use of automatic belt system (specify): \_\_\_\_\_
- (9) Unknown

48. Automatic (Passive) Belt Failure Modes  
During Accident 0

- (0) Not equipped/not available/not in use
- (1) No automatic belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): \_\_\_\_\_
- (6) Broken retractor
- (7) Combination of above (specify): \_\_\_\_\_
- (8) Other automatic belt failure (specify): \_\_\_\_\_
- (9) Unknown

49. Seat Orientation (this Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) Forward facing seat
- (2) Rear facing seat
- (3) Side facing seat (inward)
- (4) Side facing seat (outward)
- (8) Other (specify): \_\_\_\_\_
- (9) Unknown

## Check the Primary Source Used In Determining Belt Use.

- [ ] Not equipped/not available/destroyed or rendered inoperative
- [ ] Vehicle inspection
- [ ] Official injury data
- [ ] Driver/occupant interview
- [ ] Other (specify): \_\_\_\_\_

- [ ] Unknown if belt used

ARE ALL APPLICABLE MEDICAL RECORDS INCLUDED  
WITH INITIAL SUBMISSION?NO ☒ YES [ ]

UPDATE CANDIDATE?

NO [ ] YES ☒

**STOP - VARIABLES 50 THROUGH 53 ARE  
COMPLETED BY THE ZONE CENTER****TRAUMA DATA**

50. Glasgow Coma Scale (GCS) Score 15  
(at Medical Facility)  
(00) Not injured  
(01) Injured - not treated at medical facility  
(02) No GCS Score at medical facility  
(03-15) Code the actual value of the  
initial GCS Score recorded at medical  
facility.  
(97) Injured, details unknown  
(99) Unknown if injured
51. Was the Occupant Given Blood? 1  
(1) No - blood not given  
(2) Yes - blood given  
(specify units): \_\_\_\_\_  
(9) Unknown if blood given
52. Arterial Blood Gases (ABG) -  $\text{HCO}_3$  01  
(00) Not injured  
(01) Injured, ABGs not measured or reported  
(02-50) Code the actual value of the  $\text{HCO}_3$   
(96) ABGs reported,  $\text{HCO}_3$  unknown  
(97) Injured, details unknown  
(99) Unknown if injured

**BELT USE DETERMINATION**

53. Primary Source of Belt Use Determination 1  
(0) Not equipped/not available/destroyed  
or rendered inoperative  
(1) Vehicle inspection  
(2) Official injury data  
(3) Driver/occupant interview  
(8) Other (specify): \_\_\_\_\_  
(9) Unknown if belt used



U.S. Department of Transportation  
National Highway Traffic Safety  
Administration

## OCCUPANT INJURY FORM

Form Approved  
O.M.B. No. 2127-0021  
NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

03

3. Vehicle Number

02

2. Case Number - Stratum

07 3 C

4. Occupant Number

03

### INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

#### A.I.S. - 90

Source of Injury Data	Body Region	Type of Anatomic Structure	Specific Anatomic Structure	Level of Injury	A.I.S. Severity	Aspect	Injury Source	Injury Source Confidence Level	Direct/ Indirect Injury	Occupant Area Intrusion Number
-----------------------------	----------------	----------------------------------	-----------------------------------	--------------------	--------------------	--------	------------------	---	-------------------------------	---

1st 5. 3 6. 9 7. 9 8. 04 9. 00 10. 1 11. 0 12. 97 13. 9 14. 7 15. 00

2nd 16. 3 17. 7 18. 9 19. 04 20. 02 21. 1 22. 1 23. 40 24. 1 25. 1 26. 00

3rd 27. \_\_\_ 28. \_\_\_ 29. \_\_\_ 30. \_\_\_ 31. \_\_\_ 32. \_\_\_ 33. \_\_\_ 34. \_\_\_ 35. \_\_\_ 36. \_\_\_ 37. \_\_\_

4th 38. \_\_\_ 39. \_\_\_ 40. \_\_\_ 41. \_\_\_ 42. \_\_\_ 43. \_\_\_ 44. \_\_\_ 45. \_\_\_ 46. \_\_\_ 47. \_\_\_ 48. \_\_\_

5th 49. \_\_\_ 50. \_\_\_ 51. \_\_\_ 52. \_\_\_ 53. \_\_\_ 54. \_\_\_ 55. \_\_\_ 56. \_\_\_ 57. \_\_\_ 58. \_\_\_ 59. \_\_\_

6th 60. \_\_\_ 61. \_\_\_ 62. \_\_\_ 63. \_\_\_ 64. \_\_\_ 65. \_\_\_ 66. \_\_\_ 67. \_\_\_ 68. \_\_\_ 69. \_\_\_ 70. \_\_\_

7th 71. \_\_\_ 72. \_\_\_ 73. \_\_\_ 74. \_\_\_ 75. \_\_\_ 76. \_\_\_ 77. \_\_\_ 78. \_\_\_ 79. \_\_\_ 80. \_\_\_ 81. \_\_\_

8th 82. \_\_\_ 83. \_\_\_ 84. \_\_\_ 85. \_\_\_ 86. \_\_\_ 87. \_\_\_ 88. \_\_\_ 89. \_\_\_ 90. \_\_\_ 91. \_\_\_ 92. \_\_\_

9th 93. \_\_\_ 94. \_\_\_ 95. \_\_\_ 96. \_\_\_ 97. \_\_\_ 98. \_\_\_ 99. \_\_\_ 100. \_\_\_ 101. \_\_\_ 102. \_\_\_ 103. \_\_\_

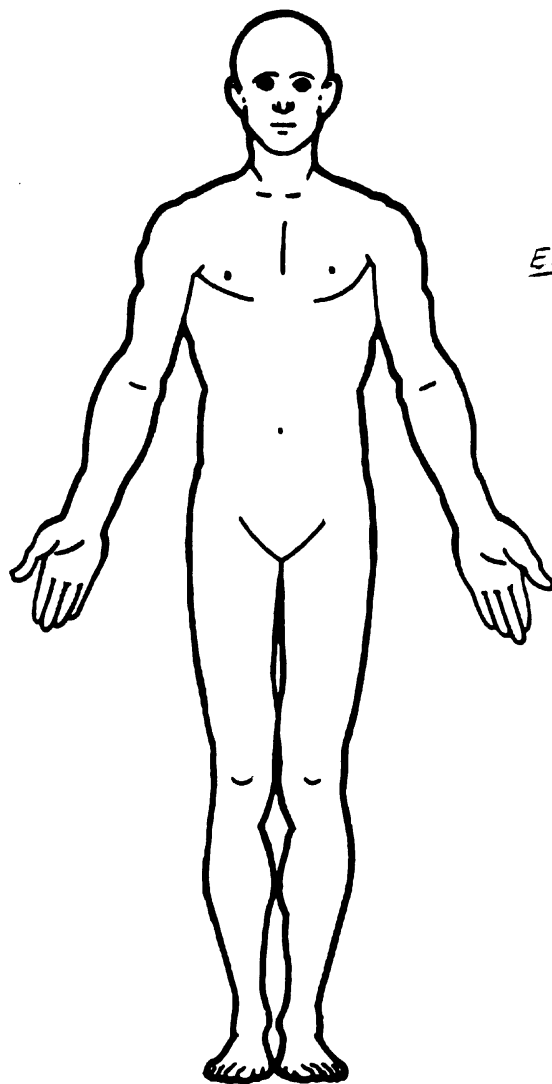
10th 104. \_\_\_ 105. \_\_\_ 106. \_\_\_ 107. \_\_\_ 108. \_\_\_ 109. \_\_\_ 110. \_\_\_ 111. \_\_\_ 112. \_\_\_ 113. \_\_\_ 114. \_\_\_

[illegible]

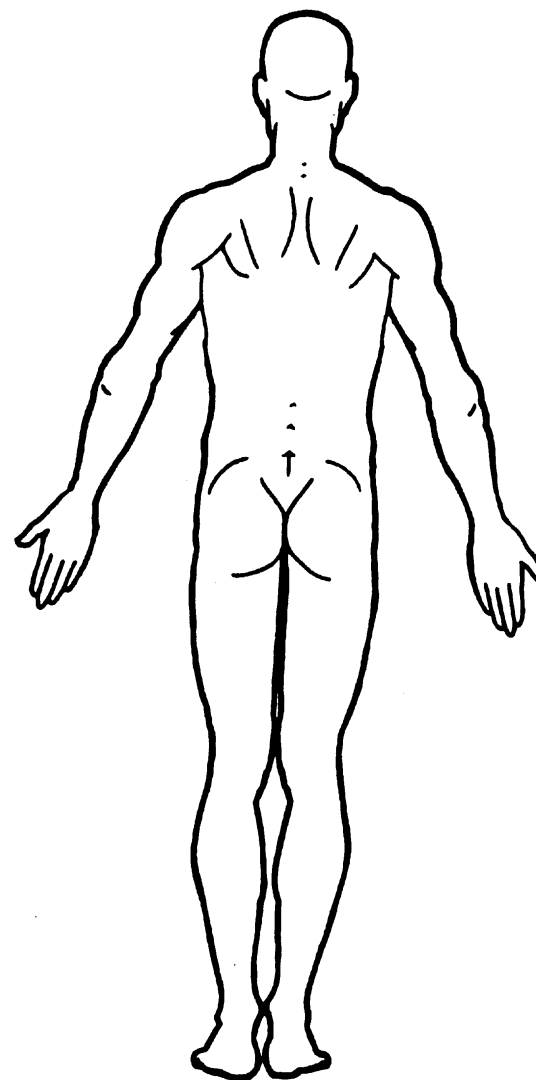
**5th**

## OFFICIAL INJURY DATA — SOFT TISSUE INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



ER CONTUSIONS



## SOURCE OF INJURY DATA

### OFFICIAL

- (1) Autopsy records with or without hospital/medical records
- (2) Hospital/medical records other than emergency room (e.g., discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

### UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): \_\_\_\_\_
- (9) Police

## INJURY SOURCE

### FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A (A1/A2)-pillar, instrument panel, or mirror (passenger side only)
- (16) Driver side air bag compartment cover
- (17) Passenger side air bag compartment cover
- (18) Windshield reinforced by exterior object (specify): \_\_\_\_\_
- (19) Other front object (specify): \_\_\_\_\_

### LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A (A1/A2)-pillar
- (23) Left B-pillar
- (24) Other left pillar (specify): \_\_\_\_\_

- (25) Left side window glass or frame
- (26) Left side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (27) Other left side object (specify): \_\_\_\_\_

- (28) Left side window sill

### RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A (A1/A2)-pillar
- (33) Right B-pillar
- (34) Other right pillar (specify): \_\_\_\_\_
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A (A1/A2)-pillar, B-pillar, or roof side rail.
- (37) Other right side object (specify): \_\_\_\_\_

- (38) Right side window sill

### INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar or door frame attachment point
- (43) Other restraint system component (specify): \_\_\_\_\_
- (44) Head restraint system
- (45) Air bag (use codes "16" and "17" for injuries sustained from air bag compartment covers)
- (46) Other occupants (specify): \_\_\_\_\_
- (47) Interior loose objects
- (48) Child safety seat (specify): \_\_\_\_\_
- (49) Other interior object (specify): \_\_\_\_\_

### ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

### FLOOR

- (56) Floor (including toe pan)
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

### REAR

- (60) Backlight (rear window)

- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): \_\_\_\_\_

### EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): \_\_\_\_\_
- (68) Unknown exterior objects

### EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): \_\_\_\_\_

- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): \_\_\_\_\_

- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): \_\_\_\_\_
- (83) Unknown exterior of other motor vehicle

### OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (84) Ground
- (85) Other vehicle or object (specify): \_\_\_\_\_
- (86) Unknown vehicle or object

### NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): \_\_\_\_\_
- (93) Air bag exhaust gases
- (97) Injured, unknown source

## INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

## DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

## OCCUPANT INJURY CLASSIFICATION

### Body Region

- (1) Head
- (2) Face
- (3) Neck
- (4) Thorax
- (5) Abdomen
- (6) Spine
- (7) Upper Extremity
- (8) Lower Extremity
- (9) Unspecified

### Type of Anatomic Structure

- (1) Whole Area
- (2) Vessels
- (3) Nerves
- (4) Organs (includes muscles/ligaments)
- (5) Skeletal (includes joints)
- (6) Head - LOC
- (9) Skin

### Specific Anatomic Structure

#### Whole Area

- (02) Skin - Abrasion
- (04) Skin - Contusion
- (06) Skin - Laceration
- (08) Skin - Avulsion
- (10) Amputation
- (20) Burn
- (30) Crush
- (40) Degloving
- (50) Injury - NFS
- (90) Trauma, other than mechanical

#### Head - LOC

- (02) Length of LOC
- (04, 06, 08) Level of Consciousness
- (10) Concussion

### Spine

- (02) Cervical
- (04) Thoracic
- (06) Lumbar

Vessels, Nerves, Organs, Bones,  
Joints are assigned consecutive two digit numbers beginning with 02

### Level of Injury

Specific injuries are assigned consecutive two-digit numbers beginning with 02.

To the extent possible, within the organizational framework of the AIS, 00 is assigned to an injury NFS as to severity or where only one injury is given in the dictionary for that anatomic structure. 99 is assigned to any injury NFS as to lesion or severity.

### Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity

### Aspect

- (1) Right
- (2) Left
- (3) Bilateral
- (4) Central
- (5) Anterior
- (6) Posterior
- (7) Superior
- (8) Inferior
- (9) Unknown
- (0) Whole region

## OFFICIAL INJURY DATA — SKELETAL INJURIES

Restrained?

☒ No☐ YesBlood Alcohol  
Level (mg/dl)

BAL = \_\_\_\_\_

NOT RECORDED

Glasgow Coma  
Scale ScoreA 4 V 3  
GCSS = 15Units of Blood  
Given

Units = \_\_\_\_\_

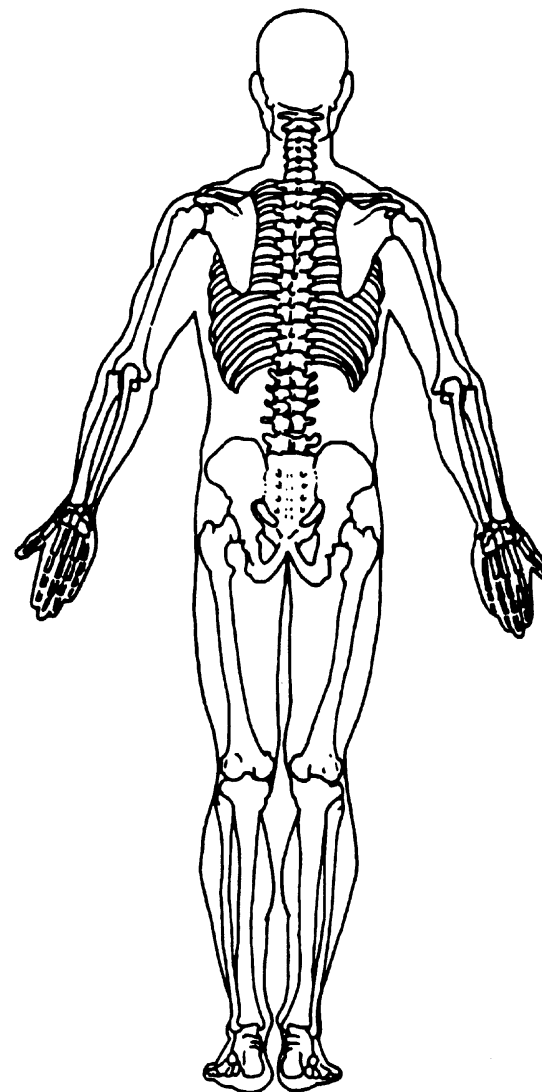
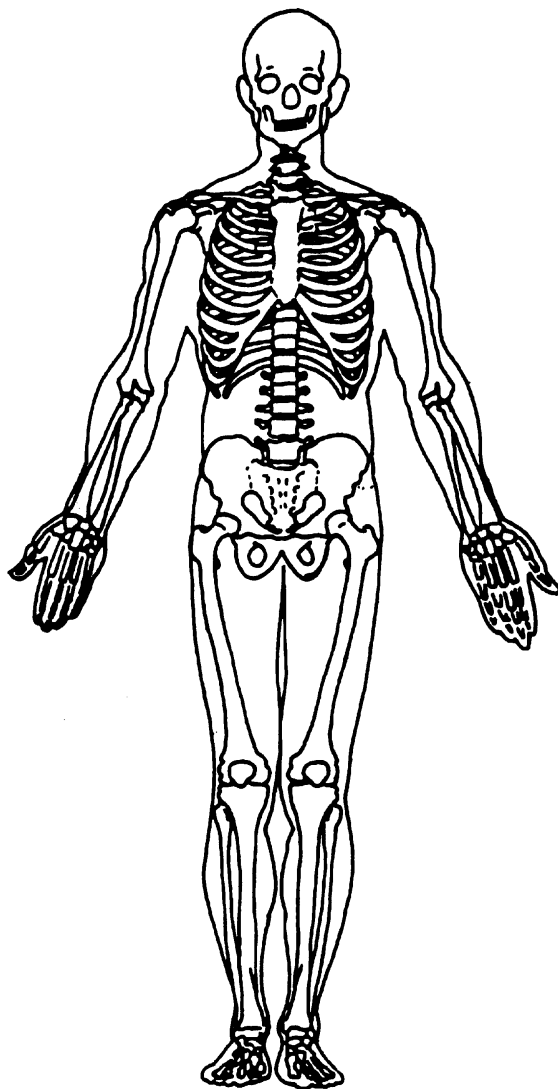
Arterial Blood  
Gases

pH = \_\_\_\_\_

PO<sub>2</sub> = \_\_\_\_\_PCO<sub>2</sub> = \_\_\_\_\_HCO<sub>3</sub> = \_\_\_\_\_

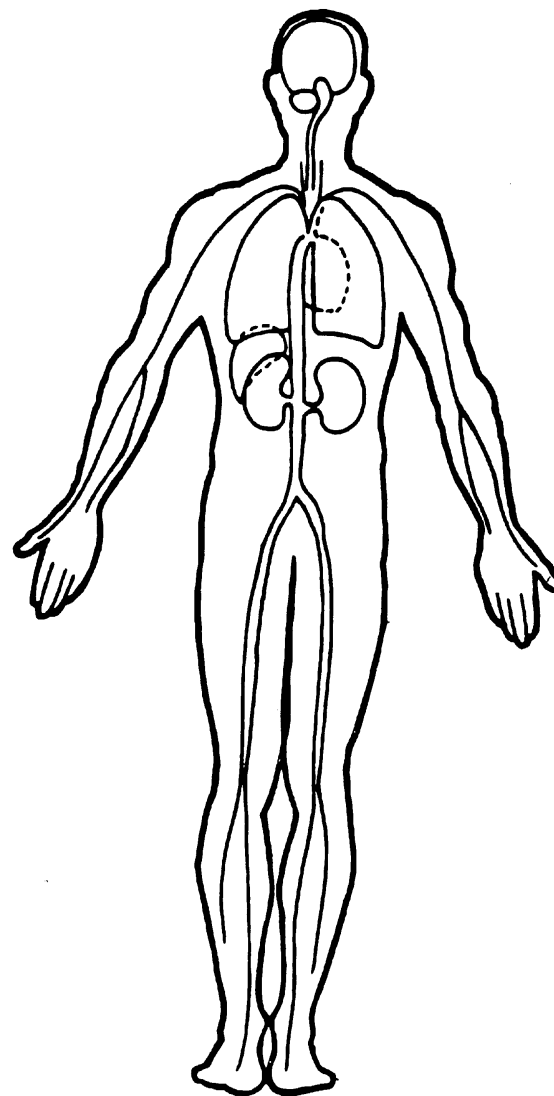
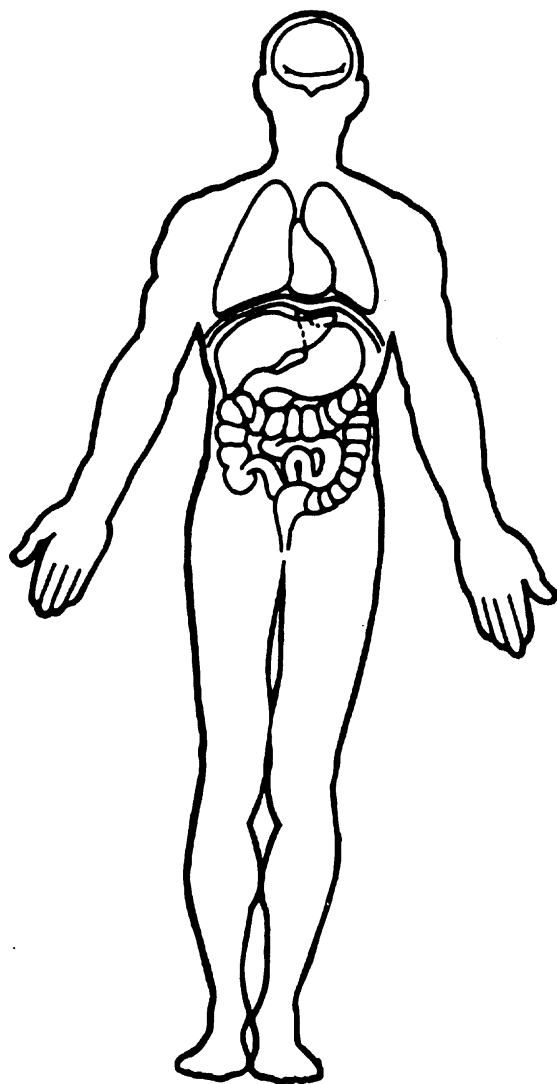
NOT RECORDED

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)



## OFFICIAL INJURY DATA — INTERNAL INJURIES

Indicate the Location, Specific Anatomic Structure, Detail (size, depth, fracture type, head injury clinical signs and neurological deficits), and Source of all injuries indicated by official sources (or from PAR or other unofficial sources if medical records and interviewee data are unavailable.)







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## UPDATE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number	<u>03</u>	Driver or Occupant Name: _____
2. Case Number — Stratum	<u>0730</u>	Address: _____
3. Vehicle Number	<u>02</u>	_____
4. Occupant Number	<u>03</u>	Other Information: _____
		(Sanitize this section prior to Update submission.)

## STATUS OF LOG INJURY INFORMATION

	INITIAL SUBMISSION	UPDATED INFORMATION
OAL08. Date Official Medical Data Requested	<u>[REDACTED]</u>	<u>94</u>
OAL09. Date Official Medical Data Obtained	<u>[REDACTED]</u>	<u>98</u>
OAL16. Injury Treatment Status	<u>5</u>	_____
OAL17. Injury Information		
<u>Official</u>		
a. Autopsy (invasive examination)	<u>B</u>	_____
b. Post-ER medical record which includes information about death based on non-invasive examination	<u>B</u>	_____
c. Admission record/summary or admission/discharge face sheet	<u>B</u>	_____
d. Discharge summary	<u>B</u>	_____
e. Operative report	<u>B</u>	_____
f. Radiographic record(s) (X-ray, CT scan)	<u>B</u>	_____
g. History and physical examination and/or consultation records	<u>B</u>	_____
h. Emergency room records (includes nurses' notes)	<u>B</u>	<u>11</u>
j. Private physician	<u>B</u>	_____
<u>Unofficial</u>		
k. Lay coroner	<u>B</u>	_____
l. EMS record	<u>B</u>	_____
m. Interviewee	<u>B</u>	<u>11</u>
n. Other source (specify): _____	<u>B</u>	<u>B</u>
o. Police report	<u>B</u>	<u>11</u> <u>B</u>

OAL18. Medical Facility Code	<u>04</u>	_____
GV12. Alcohol Test Results For Driver	<u>96</u>	_____
GV39. Other Drug Specimen Test Type For Driver	<u>0</u>	_____



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## CRASHPC PROGRAM SUMMARY

(All Measurements In Metric)

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEM

Identifying Title <u>03</u>	<u>073C</u>	<u>01</u>	<u>94</u>
Primary Sampling Unit	Case No.-Stratum	Accident Event Sequence No.	Date (Month, day, year) of Run

## CRASHPC Vehicle Identification

Vehicle 1	<u>1994</u>	<u>41</u>	<u>035</u>	<u>1</u>
Vehicle 2	<u>1977</u>	<u>20</u>	<u>002</u>	<u>2</u>
	Year	Make	Model	NASS Veh. No.

## GENERAL INFORMATION

VEHICLE 1		VEHICLE 2	
Size	<u>144 lbs</u>	Size	<u>104/77 99</u>
Weight	<u>1083</u> + <u>65</u> + <u>000</u> = <u>1148</u> kg	Weight	<u>1886</u> + <u>00</u> = <u>2042</u> kg
	Curb Occupant(s) Cargo		Curb Occupant(s) Cargo
CDC	<u>08 L Z E W 4</u>	CDC	<u>01 F Z E W 2</u>
PDOF (-180 to +180)	<u>± 105°</u>	PDOF (-180 to +180)	<u>± 020°</u>
Stiffness	<u>1</u>	Stiffness	<u>5</u>

## SCENE INFORMATION

Rest and Impact Positions <input checked="" type="checkbox"/> No, Go To Damage Information <input type="checkbox"/> Yes			
VEHICLE 1		VEHICLE 2	
Rest Position	X _____ m Y _____ m PSI _____ °	Rest Position	X _____ m Y _____ m PSI _____ °
Impact Position	X _____ m Y _____ m PSI _____ °	Impact Position	X _____ m Y _____ m PSI _____ °
Slip Angle (-180 to +180)	_____ °	Slip Angle (-180 to +180)	_____ °

## VEHICLE MOTION

Sustained Contact <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		Sustained Contact <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	
VEHICLE 1		VEHICLE 2	
Vehicle Rotation	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Vehicle Rotation	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
Rotation Stop Before Rest	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Rotation Stop Before Rest	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
End of Rotation Position	X _____ m Y _____ m PSI _____ °	End of Rotation Position	X _____ m Y _____ m PSI _____ °
Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes	Curved Path	<input type="checkbox"/> No <input type="checkbox"/> Yes
Point on Path	X _____ m Y _____ m	Point on Path	X _____ m Y _____ m
Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW	Rotation Direction	<input type="checkbox"/> None <input type="checkbox"/> CW <input type="checkbox"/> CCW
Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes	Rotation >360°	<input type="checkbox"/> No <input type="checkbox"/> Yes

**FRICTION INFORMATION**

Coefficient of Friction \_\_\_\_\_  
 Rolling Resistance Option \_\_\_\_\_

## Vehicle 1 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_  
 LR \_\_\_\_\_ RR \_\_\_\_\_

## Vehicle 2 Rolling Resistance

LF \_\_\_\_\_ RF \_\_\_\_\_  
 LR \_\_\_\_\_ RR \_\_\_\_\_

**TRAJECTORY INFORMATION**Trajectory Data ☒ No ☐ Yes*If No, Go To Damage Information*

## Vehicle 1 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °  
 LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

## Vehicle 2 Steer Angles

LF \_\_\_\_\_ ° RF \_\_\_\_\_ °  
 LR \_\_\_\_\_ ° RR \_\_\_\_\_ °

Terrain Boundary ☒ No ☐ Yes

## First Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

## Second Point

X \_\_\_\_\_ m Y \_\_\_\_\_ m

Secondary Coefficient of Friction \_\_\_\_\_

**DAMAGE INFORMATION**

## VEHICLE 1

Damage Length L 340 cm

Crush Depths  
 C<sub>1</sub> 000 cm  
 C<sub>2</sub> 003 cm  
 C<sub>3</sub> 620 cm  
 C<sub>4</sub> 036 cm  
 C<sub>5</sub> 014 cm  
 C<sub>6</sub> 000 cm

Damage Offset D ⊕ 123 cm

## VEHICLE 2

Damage Length L 179 cm

Crush Depths  
 C<sub>1</sub> 000 cm  
 C<sub>2</sub> 005 cm  
 C<sub>3</sub> 010 cm  
 C<sub>4</sub> 018 cm  
 C<sub>5</sub> 030 cm  
 C<sub>6</sub> 047 cm

Damage Offset D ⊕ 49 cm**IF THIS COMMON IMPACT WAS WITH A MOTOR VEHICLE NOT IN TRANSPORT, FILL IN THE INFORMATION BELOW.**

Model Year: \_\_\_\_\_

Make: \_\_\_\_\_

Model: \_\_\_\_\_

VIN: \_\_\_\_\_

The Weight, CDC, Scene Data and Damage Information  
 for this vehicle should be recorded above.

Complete and ATTACH the appropriate vehicle damage sketch and dimensions to the Form.

INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT
-------	-----------	------------	--------	----------	------

# SUMMARY OF CRASHPC RESULTS USING DAMAGE

## CRASH3 RECONSTRUCTION

### SPEED CHANGE (DAMAGE)

#### VEHICLE #1

TOTAL	28 KPH ( 17 MPH)
LONGITUDINAL	7 KPH ( 4 MPH)
LATITUDINAL	27 KPH ( 17 MPH)
PDOF ANGLE	-105 DEGREES
ENERGY DISSIPATED =	24148 JOULES ( 17808 FT-LB)

#### VEHICLE #2

TOTAL	15 KPH ( 10 MPH)
LONGITUDINAL	-15 KPH ( -9 MPH)
LATITUDINAL	-5 KPH ( -3 MPH)
PDOF ANGLE	20 DEGREES
ENERGY DISSIPATED =	45081 JOULES ( 33246 FT-LB)

PRESS ANY KEY TO CONTINUE

INPUT	CALCULATE	TRAJECTORY	OUTPUT	GRAPHICS	EXIT
-------	-----------	------------	--------	----------	------

### DAMAGE DATA

#### VEHICLE #1

#### VEHICLE #2

SIZE CATEGORY	1	5
STIFFNESS CATEGORY	1	5
VEHICLE WEIGHT	1148 KGS ( 2531 LBS)	2042 KGS ( 4502 LBS)
CDC	OBLZEW4	O1FZEW2
PDOF ANGLE	-105 DEGREES	20 DEGREES
CRUSH LENGTH	340 CM. ( 134 IN.)	179 CM. ( 70 IN.)
C1	0 CM. ( 0 IN.)	0 CM. ( 0 IN.)
C2	3 CM. ( 1 IN.)	5 CM. ( 2 IN.)
C3	20 CM. ( 8 IN.)	10 CM. ( 4 IN.)
C4	36 CM. ( 14 IN.)	18 CM. ( 7 IN.)
C5	14 CM. ( 6 IN.)	30 CM. ( 12 IN.)
C6	0 CM. ( 0 IN.)	47 CM. ( 19 IN.)
D	-123 CM. ( -48 IN.)	49 CM. ( 19 IN.)
D'	-100 CM. ( -39 IN.)	87 CM. ( 34 IN.)

(\* INDICATES DEFAULT VALUE)  
PRESS ANY KEY TO CONTINUE

INPUT

CALCULATE

TRAJECTORY OUTPUT

GRAPHICS

EXIT

DIMENSIONS AND INERTIAL PROPERTIES

## VEHICLE #1

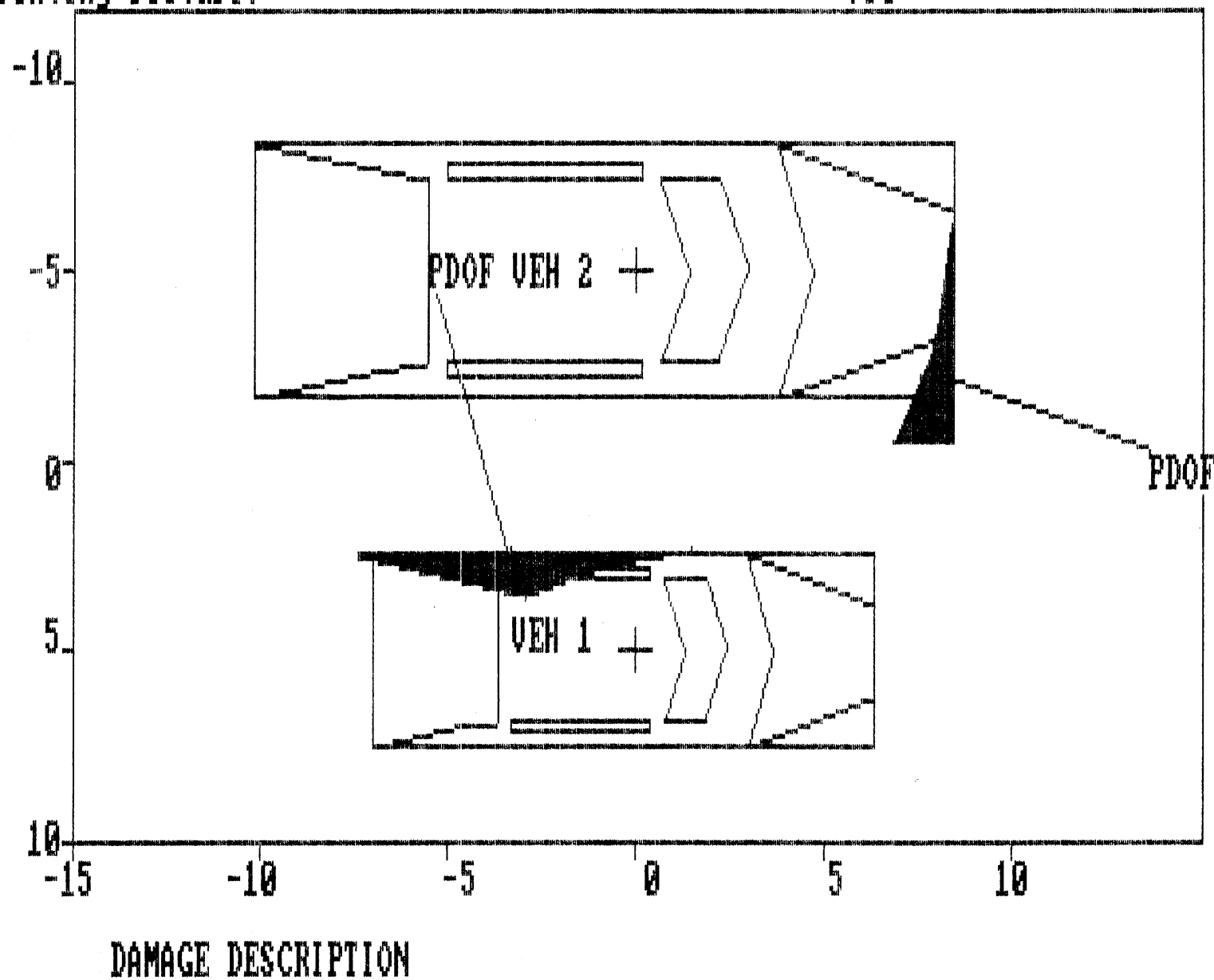
## VEHICLE #2

CG TO FRONT AXLE	115 CM. ( 45 IN.)	142 CM. ( 56 IN.)
CG TO REAR AXLE	122 CM. ( 48 IN.)	160 CM. ( 63 IN.)
TRACK	130 CM. ( 51 IN.)	162 CM. ( 64 IN.)
CG TO FRONT OF VEH	193 CM. ( 76 IN.)	259 CM. ( 102 IN.)
CG TO REAR OF VEH	-213 CM. ( -84 IN.)	-310 CM. (-122 IN.)
CG TO SIDE OF VEH	77 CM. ( 30 IN.)	101 CM. ( 40 IN.)
MOMENT OF INERTIA	5988 KGS ( 13201 LBS)	21450 KGS ( 47288 LBS)
VEHICLE MASS	3 KGS ( 7 LBS)	5 KGS ( 12 LBS)

PRESS ANY KEY TO CONTINUE

Printing Picture:

73C



[illegible]

GENERAL VEHICLE Vehicle: 1

INTRA ERRORS

GG2301 2 If ACCIDENT TYPE GV15 equals 68, 72, 76 or 82, then PRE-EVENT

GG2302 MOVEMENT GV64 should equal 10 or 99.

OCCUPANT ASSESSMENT Vehicle: 1 Occupant: 1

INTRA ERRORS

HH0071 2 Given OCCUPANT AGE DA05 and OCCUPANT SEX DA06, OCCUPANT WEIGHT  
HH0072 DA08 is questionable. See Table A2.

INTER ERRORS

AH0011 2 If POLICE SEVERITY DA34 equals 4, then CASE AC02(4) should equal  
AH0012 A or B. GV=01 DA=01

AH0051 2 If CASE AC02(4) equals C, D, J or K, then at least one POLICE  
AH0052 SEVERITY DA34 should equal 3.

PSU03

ERROR SUMMARY SCREEN

01/95

CASE 073C

CURRENT VERSION: 7.04

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assessment	0	0	1	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	4	



[illegible]

GENERAL VEHICLE Vehicle: 1

11

INTRA ERRORS

68, 72, 76 or 82, then PRE-EVENT  
0 or 99.

OGG2301 2 If ACCIDENT TYPE GV15 equals  
GG2302 MOVEMENT GV64 should equal 1

01

INTER ERRORS

OAHO011 2 If POLICE SEVERITY DA34 equals 4, then CASE AC02(4) sh  
ould equal AH0012 A or B. GV=01 DA=01

AH0051 2 If CASE AC02(4) equals C, D, J or K, then at least one POLICE  
AH0052 SEVERITY DA34 should equal 3.

PSU03

ERROR SUMMARY SCREEN

7/95

CASE 073C

CURRENT VERSION: 7.03

FORM NAME	NUMBER OF DOLLAR SIGNS	NUMBER OF LEVEL 1 ERRORS	NUMBER OF LEVEL 2 ERRORS	VERSION NUMBER CONSISTENT
Accident	0	0	0	Y
General Vehicle	0	0	1	Y
Vehicle Exterior	0	0	0	Y
Vehicle Interior	0	0	0	Y
Occupant Assesment	0	0	0	Y
Occupant Interior	0	0	0	Y
Total Inter Errors		0	2	
Total Case Errors	0	0	3	



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## SLIDE INDEX

NATIONAL ACCIDENT SAMPLING SYSTEM  
CRASHWORTHINESS DATA SYSTEMPrimary Sampling Unit Number 03Case Number—Stratum 073C

Slide No.	Vehicle No.	Direction of Picture	Description of Slide Subject Matter
1-3	V <sub>1</sub>	S°	Vehicle #1 approach to IHE
4-7	V <sub>1</sub>	S°/SW°	Vehicle #1 approach to 2 <sup>nd</sup> and 3 <sup>rd</sup> HE with Traffic control Pole.
8	V <sub>1</sub> +V <sub>2</sub>	SW°	angle view
9-12	V <sub>2</sub>	S°	Vehicle #2 approach to IHE
13-15	V <sub>1</sub> +V <sub>2</sub>	N/NW°	look back
16-23	V <sub>1</sub>		Vehicle #1 Front hit @ Pole base and Parked motor vehicle.
24-39	V <sub>1</sub>		Vehicle #1 (L) plane (IHE) note intrusion to B pillar Rescue Team used the jaws of life to open doors on the (L) side.
40-44	V <sub>1</sub>		note pole dropped off Roof and track 3 <sup>rd</sup> Harmful event.
45-53	V <sub>1</sub>		V <sub>1</sub> interior front notes occupant contact to (1) steering wheel (Loaded) (2) transmission control arm.
54-56	V <sub>1</sub>		(L) seat back and B Pillar contact.
57-63	V <sub>2</sub>		Vehicle #2 Front = IHE.
64-72	V <sub>2</sub>		(L) Rear and (R) planes
73-78	V <sub>2</sub>		Vehicle #2 Front seat area note contact by O <sub>1</sub> and O <sub>2</sub> to windshield Rear view mirror and (R) sunvisor
79-86	V <sub>2</sub>		Rear seat area note contact to (R) Seat back.
87-125	V <sub>1</sub> (Missing)		duplicates of V <sub>1</sub> problem bulletin

[illegible]



PSU 03-073C (1994) #1



PSU 03-073C (1994) #2



PSU 03-073C (1994) #3



PSU 03-073C (1994) #4





**PSU 03-073C (1994) # 5**

**Best Available**



PSU 03-073C (1994) #6



PSU 03-073C (1994) #7



**PSU 03-073C (1994) #8**  
**Best Available**



PSU 03-073C (1994) #9



PSU 03-073C (1994) #10



PSU 03-073C (1994) #11



PSU 03-073C (1994) #12  
Best Available





PSU 03-073C (1994) #13



PSU 03-073C (1994) #14



**PSU 03-073C (1994) #15**  
**Best Available**



PSU 03-073C (1994) #16



PSU 03-073C (1994) #17



PSU 03-073C (1994) #18



PSU 03-073C (1994) #19



PSU 03-073C (1994) #20





PSU 03-073C (1994) #21



PSU 03-073C (1994) #22



PSU 03-073C (1994) #23



**PSU 03-073C (1994) #24**  
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PSU 03-073C (1994) #25



PSU 03-073C (1994) #26



PSU 03-073C (1994) #27



PSU 03-073C (1994) #28  
Best Available





**PSU 03-073C (1994) #29**  
**Best Available**



**PSU 03-073C (1994) #30**  
**Best Available**



PSU 03-073C (1994) #31



PSU 03-073C (1994) #32



PSU 03-073C (1994) #33



**PSU 03-073C (1994) #34**  
**Best Available**



PSU 03-073C (1994) #35



PSU 03-073C (1994) #36





PSU 03-073C (1994) #37



FSU 03-073C (1994) #38



**PSU 03-073C (1994) #38**  
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PSU 03-073C (1994) #40



PSU 03-073C (1994) #41



PSU 03-073C (1994) #42



PSU 03-073C (1994) #43



PSU 03-073C (1994) #44





PSU 03-073C (1994) #45  
Best Available



**PSU 03-073C (1994) #46**  
**Best Available**



**PSU 03-073C (1994) #47**  
**Best Available**



**PSU 03-073C (1994) #48**  
**Best Available**



PSU 03-073C (1994) #49



PSU 03-073C (1994) #50  
Best Available



PSU 03-073C (1994) #51



PSU 03-073C (1994) #52





PSU 03-073C (1994) #53



**PSU 03-073C (1994) #54**  
**Best Available**



**PSU 03-073C (1994) #55**  
**Best Available**



PSU 03-073C (1994) #56



PSU 03-073C (1994) #67



PSU 03-073C (1994) #58



PSU 03-073C (1994) #59



PSU 03-073C (1994) #60





PSU 03-073C (1994) #61



PSU 03-073C (1994) #62



PSU 03-073C (1994) #63



PSU 03-073C (1994) #64



PSU 03-073C (1994) #65



PSU 03-073C (1994) #68



PSU 03-073C (1994) #67



PSU 03-073C (1994) #68





**FSU 03-073C (1994) #69**



PSU 03-073C (1994) #70



PSU 03-073C (1894) #71



**PSU 03-073C (1994) #72**  
**Best Available**



PSU 03-073C (1994) #73



PSU 03-073C (1994) #74



PSU 03-073C (1994) #75



PSU 03-073C (1994) #78





PSU03-073C (1994) #77



PSU 03-073C (1994) #78



PSU 03-073C (1994) #79



PSU 03-073C (1994) #80



PSU 03-073C (1994) #81



PSU 03-073C (1994) #82



PSU 03-073C (1994) #83



PSU 03-073C (1984) #84





PSU 03-073C (1994) #65



PSU 03-073C (1994) #86